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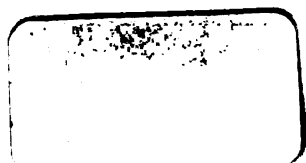
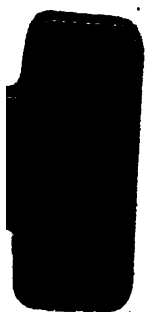
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## INDEX.—1878.

- A New Battery ..... 20  
 A New Death Sign, by Hugh Hollis, M. D. .... 169  
 Aconite, Extract of ..... 152  
 Albuminoids ..... 221  
 Albuminuria ..... 95  
 Alcoholism, chronic; treatment of ..... 207  
 Almond Powder for the Hands ..... 44  
 Alterations in the Spinal Cord and Anterior  
   Roots in Diphtheria ..... 186  
 Amenorrhœa ..... 205  
 American Medical Association ..... 129  
 Amputation of the Penis ..... 87  
 Anæmia and Chlorosis, Differences between ..... 68  
 Anæsthetics, Employment of in Labor ..... 88  
 Analysis of New Medical Spring ..... 72  
 An Instructive Case—by E. R. Maxson, M. D. .... 56  
 Anti-Septic Surgery ..... 52  
 Anti-Asthmatic Cigarettes ..... 42  
 Antidote to Carbolic Acid ..... 124  
 Anti-Periodic, Tasteless ..... 165  
 Apoplexy and Hemiplegia by Austin Flint, M. D. 175  
 Arkansas Medical Record ..... 43  
 Arsenic and Cod Liver Oil ..... 86  
 Ascarides, treatment of ..... 124  
 Asclepias Syriaca, by J. P. Thomas, M. D. .... 157  
 Astringents, (so-called), local effects upon blood  
   vessels ..... 88  
 Atomic Theory ..... 110  
 Atropia, in Morphia Poisoning ..... 186  
 Atropine and Daturine ..... 208  
 Bacteria ..... 116  
 Battery Fluid for Zinc Carbon Galvano-Caus-  
   tic Battery ..... 43  
 Bella-Jonna. Properties, Effects, &c. .... 160  
 Belladonna in Pathological Sweating ..... 54  
   “ in Night Sweats ..... 95  
   “ on the Secreting Organs ..... 96  
   “ as Remedy for Collapse ..... 124  
   “ by S. C. Turnbo, M. D. .... 189  
   “ as a Stimulant to the Circulatory  
   System ..... 207  
 Berberis. Species of, on the Pacific Coast—by  
   Prof. John M. Maisch ..... 181  
 Bismuth, in treatment of Prolapsus of Rectum  
   and Hæmorrhoids ..... 96  
 Blecken, Dr. C. H. .... 281  
 Blenorrhagic Epididymitis treated with Iodo-  
   form Ointment ..... 43  
 Book Notices ..... 104, 152  
 Boracic Acid Ointment ..... 227  
 Bromide of Ammonium. action of ..... 121  
 Bromides in Epilepsy ..... 148  
   “ by Silas C. Turnbo, M. D. .... 189  
 Bromo Chloralum—by Dr. H. S. Herrick ..... 21  
   “ as an Injection in Gonorrhœa ..... 46  
   “ “ for Burns and scalds ..... 47  
   “ “ for Sweating Feet ..... 47  
   “ “ as a Non-Poisonous Disinfect. .... 58  
   “ “ in the Lying-in-room ..... 66, 128  
   “ “ best of Disinfectants and Anti-  
   septics ..... 71  
   “ “ in Burns—by H. D. Jones M. D. 127  
   “ “ by S. H. Potter ..... 128  
   “ “ letters from Physicians, 151,  
       170, 172, 191
- Bromo-Chloralum to Preserve the Dead 171, 172, 191  
   “ “ by Prof. Polk, M. D. .... 09  
   “ “ in Puerperal Fever, by Dr.  
     Baskerville ..... 209  
   “ “ by Dr. Reber ..... 210  
   “ “ in Varicose Ulcers ..... 210  
   “ “ in Cancer ..... 102  
 Button Removed from Trachea after three years’  
   Lodgement ..... 116  
 Caffena, Dose of ..... 124  
   “ as a Diuretic ..... 179  
 California “New Remedies.” ..... 219  
 Camphor, used Hypodermically in Insomnia... 121  
 Carbazotate of Ammonia ..... 122  
 Carbolate of Iodine Inhalant ..... 67  
 Carbolic Acid, Antidote to ..... 124  
 Carcinoma of Stomach—by Austin Flint, M. D. 177  
 Carron Oil in Anal Fissure ..... 95  
 Cascara Sagrado—Identity with Rhamnus Pur-  
   shiana ..... 298  
 Cerebral Localization—by Dr. Broadhead ..... 33  
 Chemical and Pharmaceutical Equivalents 110, 126  
 Chills, cured without Quinine ..... 79  
 Chloral Hydrate, Dangerous in Delirium Tre-  
   mens ..... 97  
   “ “ Use in Alcoholism ..... 188  
 Chloroform, Caution in use of during Labor.. 166  
 Chorea, treatment of ..... 84  
 Cleansing the Bladder without use of Catheter 117  
 Clover Red. Extract of ..... 69  
 Cod Liver Oil and Arsenic, Action on Globu-  
   lar Richness of the Blood ..... 86  
 Codela, Test for ..... 123  
 Collodion as a Preventive of Sea-Sickness.... 166  
 Cold Sound, (Pschyrophor), a New Instrument. 167  
 Conium, Properties, Effects, &c. .... 160  
 Conium ..... 212  
 Constipation, prescription for ..... 232  
 Consumption, a Disease of In-door Life ..... 16  
 Contagion by Mail ..... 120  
 Convulsions due to a Hair in Alimentary Canal 168  
 Convexules ..... 192  
 Coto Bark ..... 180  
 Cotoin ..... 180  
 Cough Syrup ..... 168  
 Cultivation of the Sunflower as a Protection  
   against Malaria ..... 39  
 Custard a Cholera Producer ..... 112  
 Cyanide of Lime in Facial Neuralgia ..... 43  
 Dangers of Horseback Exercise ..... 128  
 Daturine ..... 208  
 Death from Chloroform ..... 44  
 Delirium Tremens, Treatment of ..... 79, 96  
   “ “ Chloral Hydrate Dangerous  
     in ..... 97  
 Diabetes Mellitus ..... 67  
   “ “ Modes of its Development... 97  
   “ “ Use of Phosphide of Ammon. in 188  
   “ “ cured by Ext. Nux. Vomica.. 227  
 Diabetes Insipidus, Cured by Ergot ..... 95  
   “ “ Use of Valerian, Atropia  
     and Ergot in ..... 164  
 Dialyzed Iron, Preparation of ..... 64  
 Diarrhœa of Children, formula for ..... 96  
 Dickinson, Dr. G. H. .... 48  
 Digestive Process in the Stomach ..... 67  
 Dioscorea Villosa—by B. Wilson, M. D. .... 72

Diphtheria .....	67	Firwein in Lung Diseases—by W. H. H. Beesen, M. D. ....	171
“ Local Effect of Quinine in .....	67	“ Letters from Physicians, on .....	171, 211
“ Mortality from in Brooklyn .....	69	“ in Catarrh of the Bladder and Purpura Hemorrhagica .....	211
“ Use of Elixir Iodo in .....	71	“ in Cough .....	232
“ Induced by Sewer-Gas .....	163	Foreign Bodies in the Throat, how to get rid of, .....	96
“ Letters from Physicians .....	232	Fracture of Skull, Ribs, &c—by R. Menger, M. D. ....	85
Diphtherine. .... 23, 24, 47, 72, 103, 128, 151, .....	171	Freckles .....	20
Diphtherine Lozenges .....	103	Furuncles, treated with Arnica .....	68
Diseases of the Heart—by Austin Flint, M. D. ....	1	Gaillard, Dr. T. ....	115
Diseases of the Alimentary Canal—by Dr. Austin Flint .....	193	Gallium .....	168
Disinfectants and Deodorizers .....	69	Gelseminum—by O. P. Bollinger, M. D. ....	126
Dislocation of Hip, New Method of Reducing—by S. J. Allen M. D. ....	11	Gonorrhoeal Endocarditis .....	187
Doubtful Novelties .....	229	Grindelia Robusta in Whooping Cough .....	44
Dropsy Caused by Diseased Condition of the Stomach .....	148	Guarana in Migraine .....	58
Drosera Rotundifolia .....	188	Hamilton, Letter from Dr. F. H. ....	101
Druggists vs. Doctors .....	57	Heat of the Brain .....	20
Duquesnel's Medicinal Pencils .....	124	Helminthology .....	109
Dyspepsia, Flatulent .....	95	Hereditary Heart Disease .....	94
“ Treatment of .....	98	How to Save Infants .....	159
“ by Dr. C. F. Kunze .....	143	Hydrobromic Acid and Sedative Doses of Quinine—by B. M. Boyd, M. D. ....	15
Easiest Way to Drown .....	96	Hydrobromic Acid in Prescriptions .....	19
Editorial. .... 20, 45, 65, 98, 125, 149, 165, 189 .....	228	Hydrophobia, use of Lobelia in .....	70
Effect of Diet on Liquor Drinking .....	42	“ in a Woman Bitten During Pregnancy .....	187
Electric Forces between Man and Wife .....	82	Hydrargyrum Cum Creta, Dangerous .....	168
Emphyema Sarcoma Mammarium, Treated with Elixir Iodo Bromide Calcium Compound, —by S. R. Nissley, M. D. ....	22	Hyoscynamine .....	147
Epidemic of Disease of the Heart .....	166	Hypnotic Action of Lactic Acid .....	19
Epilepsy. use of Bromides in .....	143	Hypertrophy of Prostate Gland, treated by Electricity—by H. W. Streeter, M. D. ....	89
“ Followed by Chorea and Aphasia—by W. A. Grove, M. D. ....	158	Influence of the Piano in Affections of the Uterus .....	208
Ergotin in Diseases of the Bladder .....	206	Inflammation of the Bladder, treatment of .....	208
“ in Hæmoptysis .....	207	Inflation of the Urethra .....	61
Ergot, Fluid Ext. Formula 1874. 46, 47, 108, 125, .....	191	Influence of Leaves on the Evaporation .....	159
“ in Pneumonia .....	55	Intra-Ocular Disease, by Prof. C. A. Robertson, M. D. ....	98
“ in Hæmorrhoids .....	68	Internal Parasites, by W. Smart .....	158
“ in Diabetes Insipidus .....	94	Internal Bleeding Piles, Treatment of .....	206
“ in Polyuria .....	112	Intermittent Fever, Chronic, Treatment of—by J. R. Black, M. D. ....	177, 197
“ Expulsion of Fibroid Tumor of Uterus .....	115	Intestinal Gas, and Flatulent Dyspepsia .....	67
“ in Strangulated Hernia .....	165	Intestinal Obstruction, Memoranda for Treatment of cases of .....	201
“ in Typhoid Fever .....	163	Iodoform Therapeutic Action of .....	208
“ in Hæmoptysis and Post Partum Hæmorrhage .....	210	Iodo Bromide of Calcium Comp. Elixir of, in case of Emphyema Sarcoma Mammarium—by S. R. Nissley, M. D. ....	22
“ Letters from physicians .....	210, 231, 232	“ “ in Purpura Hemorrhagica—by J. W. Trueworthy, M. D. ....	22
Erratum .....	104	“ “ in case of Enlarged Tumor—by Wm. Govan, M. D. ....	23
Errors in Sanitary Science Supported by the N. Y. Board of Health .....	6	“ “ in Secondary Syphilis—by H. C. Snitcher, M. D. ....	28
Excellent Tonic .....	44	“ “ va. Iodia .....	45
Experiments on the Development of Tænia Solium in Man .....	65	“ “ in Syphilis and Scrofula—by W. De Wolf Jones, M. D. ....	46
“ on Production of Sugar in the Liver .....	66	“ “ in Ovarian disease—by E. L. Kellam, M. D. ....	70
Fibroid Tumor, Expulsion from Uterus by the use of Ergot—by F. D. Lamb, M. D. ....	115	“ “ in Otorrhœa—by A. B. Travis, M. D. ....	46
Firwein in Chronic Bronchitis .....	23	“ “ in Nasal Catarrh .....	46
“ in Consumption .....	23	“ “ in Diphtheria—by C. W. Lightbourn, M. D. ....	71
“ in Pneumonia—by Wm Govan, M. D. ....	23	“ “ in Chancroids, &c. ....	71
“ in Throat and Lung Troubles—by Hugh Hollis, M. D. ....	71	“ “ in Scrofulous Abscess .....	102
“ as an Emmenagogue .....	71		
“ in Catarrh, &c. ....	71		
“ in Chronic Sore Throat .....	108		
“ in Pulmonary Hæmorrhage and Disease .....	151		

Iodo Bromide in Fistula in Ano.....	102	Morphine, Remarkable case of Tolerance by an Infant.....	120
“ “ in Ophthalmia Tarsi.....	128	Mortality in Brooklyn from Diphtheria.....	69
“ “ in Catarrh.....	128	Music as Mind Medicine.....	83
“ “ in Scrofulous Swelling and Abscess—Letter from Jos. H. Bogle.....	149	New York State Medical Society.....	26
“ “ in Pleura-Pneumonia.....	150	New York Academy of Medicine.....	84
“ “ Combined with Bi-Chloride of Mercury.....	150	New Counter-Irritant.....	93
“ “ in Chronic diseases—by Silas C. Turnbo, M. D.....	150	New Method for the Estimation of Sulphur, in Organic Compounds.....	118
“ “ in Diphtheria—by M. Rozel, M. D.....	170	New Revulsive.....	121
“ “ with Hydrarg. Bi-Chlor. in Syphilis, by Dr. S. Wilson.....	170	New Explosive.....	121
“ “ with Bi-Chlor. Hydrarg. in Syphilis.....	191, 211	Niles, Dr. W. A. P.....	192
“ “ in Epilepsy, by James Reed M. D.....	171	Nitrate of Silver, Simple means of Carrying into Uterine Cavity.....	66
“ “ in Rheumatism.....	171	Non-Poisonous vs. Poisonous Disinfectants.....	53
“ “ Letters from Physicians 171, 172, 190, 210, 211.....	211	Notes on Current Medical Practice and Opinions 16, 40, 61, 91, 117, 184, 208.....	223
“ “ in Erysipelas, by E. G. Wheeler, M. D.....	190	Notes in Practice by M. M. Brown, M. D.....	21
“ “ in Abscess of the Cerebellum, by C. W. Hodge, M. D.....	190	Obesity, treated with Liquor Potassæ.....	41
“ “ in Ovarian Fibroid Tumor, by G. W. Whitney, M. D.....	211	Odors of Persons.....	94
Ipecac as a Hæmostatic.....	166	Opium, Action on Secreting Organs.....	96
Iron Cement.....	44	Ophthalmia Tarsi, treated with Elixir Iodo.....	128
Iron, when Contra-indicated.....	98	Organic Acids for preparing Hydrogen.....	148
Jaborandi.....	148	Origin of Hospitals.....	96
“ in Heart Disease.....	166	Osteo-Myelitis, During Growth of Bone.....	187
“ in Obstinate Hiccough.....	168	Ovariotomy.....	66
Japanese Lacquer.....	44	Ozæna, treatment of.....	65
Journal of Materia Medica..... 20, 21, 47, 48, 72, 108, 128, 152, 172, 232.....	232	Paint, Varnish and Resin Stains.....	44
Juniper Leaves in Pruritus.....	66	Pancreatic Juice.....	164
Kava-Kava.....	168	Paracotoin.....	180
Kidney—its Structure in Scarlatina.....	98	Paralysis, Secondary—a case in Practice, by J. P. F. Broenner, M. D.....	70
Laxative Pill.....	44	Paris Exposition..... 147, 149, 152, 189, 209.....	209
Lead-Poisoning.....	188	Pathology of Scurvy.....	39
Lemon Cordial.....	44	Philadelphia Druggist and Chemist.....	42
Leucocythæmia, by Austin Flint, M. D.....	178	Phosphorescence of Quinine Sulphate.....	43
Liquirizina.....	24	Phosphide of Zinc.....	123
Local Morbid Temperatures.....	201	Phosphide of Ammonium in Diabetes Mellitus.....	188
Lobelia, in Hydrophobia, by Mrs. J. B. Dimond, M. D.....	70	Phosphorus, Solution of, for Medicinal Use.....	98
Longevity, Remarkable case of.....	96	“ in treatment of Chronic Alcoholism.....	146
Lumbar Abscesses, New Method of Opening.....	43	Photographic Process for Copying Drawings.....	147
Macrotys Racemosa, by S. C. Turnbo, M. D.....	229	Phthisis, Tubercular, treatment of, by Chas. G. Polk, M. D.....	80
Malaria and Struma, in their relation to the Etiology of Skin Diseases—by Prof. L. P. Yandell, M. D..... 37, 49, 78.....	78	Physicians and Pharmacists—by E. L. Boothby, M. D.....	12
Malt, Extract of..... 24, 72, 128, 169, 192.....	192	Physician's Diary..... 24, 72.....	72
“ with Pepsin.....	162	Physicians' Experiment.....	87
“ by W. E. Cummings, M. D.....	191	Physiological Treatment of Stuttering.....	120
“ as an Anti-Scorbutic.....	121	Picrate of Ammonium in Intermittent Fevers.....	65
Maltine..... 47, 229.....	229	Piles, Internal, Operative treatment of.....	48
Maltosine.....	152	Pith of Dried Cornstalk for Uterine Tent.....	161
Mastitis, treatment of.....	92	Podophyllin in Hepatic Colic.....	15
Meconiosis.....	183	Poisons, Recent Facts concerning.....	114
Medical Graduates in 1878.....	115	Polyuria, Successfully treated by Ergot.....	112
Microphone in Diagnosis.....	168	Post Partum Hæmorrhage, by Jas. Poor, M. D.....	151
Milk Diet in Bright's Disease.....	96	Powdered Extract of Malt.....	232
Mistletoe as an Oxytocic and for Uterine Hæmorrhage.....	111	Powder for Making Ink Disappear.....	20
		Proportion of Physicians to Population.....	120
		Pruritus Vulvæ..... 122, 172.....	172
		Puerperal Fever, local treatment of.....	186
		Purgative Milk.....	227
		Purgative Pills.....	205
		Questionable Remedies.....	68
		Quinetum.....	127
		Quinine Bromohydrate as an Anti-pyretic.....	220

Quinine Eruptions .....	19	Tetanus, treatment of.....	98
“ in Diphtheria.....	67	Thapsia Garganica.....	188
“ to Lessen Quantity in Dose.....	97	Therapeutic Hints, by W. C. Buckley, M. D. 14,	84
“ Tasteless, by W. A. Grove, M. D.....	161	Tinctures.....	94
“ New Adulteration of.....	188	To Blister the Skin Extemporaneously.....	97
Rectal Alimentation, by Anstin Flint, M. D... 34		To Imitate Ground-Glass.....	167
Relation of Brain Weight to Mental Ability... 123		Toothache Drops.....	227
Remarks on Tinctures containing Alkaloids and Resinoids .....	211	Transplantation of Urethra.....	87
Removal of Moles on the Face .....	65	Tuberculosis, use of Cold Lotions in.....	95
Retarded Labor from Cystic Obstructions, by Ferris Jacobs, M. D.....	170	Typhoid Fever, by Alonzo Clark, M. D.... 78,	105
Rhamnus Frangula.....	19	“ “ use of Turpentine in.....	167
Rheumatism.....	5	“ “ use of Ergot in.....	168
Rhubarb, a new variety.....	186	Unlimited Production of Oxygen.....	97
Riverside Magnetic Mineral Springs.....	152	Usefulness of the Hot Bath in Metrorrhagia... 66	
Rocky Mountain Tourist .....	104	Use of the Uvula.....	164
Russian Soldiers' Bread .....	117	Uterine Fibroids, Lecture by T. Gaillard Thom- as, M. D.....	213
Russian Physicians .....	157	Varicocele, treatment of.....	208
Salicylate of Soda, Poisoning by.....	43	Veratrum Viride in Epileptic Convulsions, by Edward F. Mordough, M. D.....	199
Salicylic Acid, its Disadvantage as a Dentifrice 121		Vermillion.....	167
Salicylic Acid Dentifrice, Danger of.....	165	Viburnum Prunifolium, by B. B. Browne, M. D. 32	
Scarlatina in Montana .....	95	“ “ by T. A. Knight M. D. 89	
Sciatica, Cured by Hypodermic use of Ether.. 162		“ “ as a Prophylactic.....	122
Sciatica, cure by Phosphorus.....	202	Viburnum, useful species of—by Prof. J. M. Maisch.....	52
Sciatica and Profanity.....	221	Vine Leaves, Functions of.....	123
Senecin.....	122	Violet Ink for Rubber Stamp.....	43
Sexual Hygiene.....	43	Vomiting of Pregnancy.....	208
Strychnia and its Antidote .....	77	“ “ “ Prescription for.....	44
Strychnine as an Expectorant.....	60	“ “ “ Letter from Dr. G. C. Smith.....	104
Sugar Coated Pills.....	24	Water as a Constituent of Organic Substances. 206	
Sulphur.....	163	What Comes of Overwork.....	38
Syrup Alterative in Syphilis.....	24	Whooping-Cough, Picrate of Ammonia in.... 167	
Syrup of Orange Peel .....	48		
Tannin as a Test for the Purity of Water..... 44		Yandell, Sr. Dr. Lunsford P.....	51
Tannate of Quinine, Test for Impurities in.... 124		Yellow Fever.....	204
Tape-Worm, new treatment for ..... 165, 198,	207	“ “ Etiology of.....	207
Tape-Worm Bolus, Mosier's.....	19		
Tasteless Quinine Mixture.....	44		



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## Lectures on Diseases of the Heart.

BY AUSTIN FLINT, M. D.,

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(Reported for THE MEDICAL RECORD.)

### LECTURE VI.

FUNCTIONAL DISORDERS OF THE HEART—REDU-  
PLICATION OF HEART-SOUNDS—ALTERNATE  
STRONG AND WEAK SYSTOLE—INFREQUENCY  
OF THE HEART'S ACTION—INCREASED FRE-  
QUENCY OF THE HEART'S ACTION—INTER-  
MITTENCY OF THE HEART'S ACTION.

GENTLEMEN:—I will next call your attention to the functional disorders of the heart; those disorders which do not involve inflammation, nor any appreciable lesion either of the valves or the walls of the organ. These functional disorders vary in character. They may coexist with organic lesion, yet having no mutual dependence upon each other. I will raise this question at the outset: How are we to determine that disorders of the heart are functional? The answer is this: we are to determine by the absence of physical signs of organic disease of the heart. We reach the diagnosis of functional disorders of the heart by exclusion; we exclude organic lesions. The different organic lesions, having, as they do have, diagnostic physical signs, the absence of those signs warrants the exclusion of the lesion. As a general statement, this is true. There are a few exceptions, but if with a proper degree of knowledge and self-confidence, and sufficient careful examination, we find that there are no signs present of organic disease of the heart, we are justified in saying that the trouble, whatever may be its manifestations, is functional. We are able to say that the patient has no organic disease of the heart. If you have not already had the opportunity to make the observation, you will learn in the course of time how desirable it is to be able to make that statement to your patients, for with most of the functional disorders of the heart there is connected a great deal of

anxiety and apprehension. Patients come to us for examination with the greatest trepidation; are reluctant to have an examination made, for fear that something wrong about the heart will be found. Perhaps there is no class of affections more terrible to the patient than diseases of the heart; nothing which strikes the mind with more terror than the idea of sudden death, so commonly associated with these affections. This common idea is fallacious, for the great majority of cases of organic diseases of the heart do not terminate suddenly; but patients are not prepared to make any discrimination with regard to the different forms of organic diseases of the heart. To say that they have disease of the heart is sufficient oftentimes to produce great terror, and that fact is to be considered. Suppose you find a lesion which is innocuous, as we do not infrequently; if we are *obliged* to say there is an organic affection, the statement should be coupled with such explanation as to remove the apprehensions naturally entertained by the patient. To impress more and more this negative method of reaching the conclusion that there exists only a functional disorder of the heart, let us suppose that here is our patient before us in a great state of anxiety and apprehension, and watching closely, as they will do, while you are making your examination. He has stated his symptoms, you have examined the pulse, obtained the history of the case, and have perhaps in your own mind already reached nearly a positive conclusion in favor of its being a case of functional disturbance. But we cannot feel confident that no organic disease of the heart is present, unless that conclusion is based upon physical exploration and the absence of physical signs of organic disease. The physician, in order to produce the desired moral effect upon the patient, and relieve him from apprehension, must speak with a confidence which he cannot very well assume, unless it is based upon a conviction derived from physical exploration. We see the evils of this in practice. If the physician does not feel competent to reach a correct conclusion, he must resort

to one of two things: either form a conclusion and take the risk of being in error, and do harm in that manner, perhaps by saying that the patient has an organic disease, when the truth is it is merely functional in character; or, on the other hand, call it functional when it is organic, and perhaps the patient dies suddenly; or, what is more commonly done, as we learn by experience to be reserved and non-committal, he does not give a positive opinion. Perhaps he says in this manner, "There is nothing of any great importance in your case," in a kind of indefinite way, and the effect is this: the patient thinks the physician believes he has disease of the heart, but does not wish to tell him. Patients rarely appreciate our ignorance, and that is the conclusion they draw from such non-committalism on the part of the physician, namely, that he knows, but does not choose to tell; whereas the truth is he does not know, and he answers indefinitely, because he knows that if he does otherwise, he runs a risk of committing an error in diagnosis.

Let us proceed with the examination of our patient. In the first place, we naturally direct attention to the size of the heart. Is it enlarged? To settle this question the apex-beat is found. Is it in its normal situation? Does an oblique line from it to the centre of the sternum form the hypotenuse of a triangle which outlines the superficial cardiac space? Is the area of cardiac dulness normal? We have now found that this patient's heart is not enlarged.

Next, with regard to valvular lesions, and we are satisfied, from the fact that there is no enlargement of the heart, that there is no immediate danger from those, for they give rise to danger by first producing enlargement of the heart and enlargement by dilatation.

But we wish to go farther. We have determined that the heart is not enlarged, and we will now determine whether there are present valvular lesions. We exclude lesions at the mitral orifice and those at the aortic orifice because we find no murmur, either systolic or diastolic. We will go one step farther and compare the aortic and pulmonic second sound, and we find that they bear a normal relation to each other. These conclusions may be reached with a very brief examination, but here let me give you a caution. Take sufficient time to make an examination which will be satisfactory to the patient and produce the desired moral effect. For your own satisfaction it may not be necessary to spend more than two minutes in making the examination; but to leave the impression upon the mind of the patient that your examination has been *thorough*, an impression that will greatly increase the value of your declaration that there

is no organic disease of the heart present, it is well to consume perhaps ten minutes in the examination. That length of time will give you ample opportunity to study the normal vesicular respiration at various places over the chest, and afford you an opportunity to familiarize yourself more thoroughly with the first and second sound of the heart, and all the relations which they sustain to each other. Having done this the patient will be very likely to have the impression that the examination has been thoroughly and completely made, and we can say to the patient that the heart is sound, and say it in such a manner as will convince him that he has a sound heart. There are no diseases, perhaps, in nosology where the signs are so constantly demonstrable as diseases of the heart, and perhaps no class of diseases which we are better warranted in excluding by the absence of those signs.

Let us now consider the different forms of functional disorder of the heart.

*First*, we have REDUPLICATION OF THE HEART-SOUNDS. This form possesses no great amount of practical importance, but it possesses interest, and we must be prepared to recognize it. By reduplication we mean one or both of the two sounds of the heart duplicated for each pulse; that is, four sounds, if both normal sounds are reduplicated; if only one sound is reduplicated we have three sounds. It is not common to find reduplication of both sounds.

It is exceedingly rare to find reduplication of the first sound without reduplication of the second, but it is tolerably common to find reduplication of the second without coexistent reduplication of the first sound of the heart.

The reduplication may be represented as follows: If the normal sounds are represented by the syllables lub-dup, the reduplication of the second sound will be represented by the syllables lub-dup-dup.

We occasionally meet with cases in which both sounds are reduplicated, and in which such reduplication can be appreciated. How do we determine the reduplication? If we have four heart-sounds for each pulse, the interval of time between the heart-sounds is very small, and it is of particular interest to know how we are to distinguish this form from the next functional disorder to be considered. We are to determine the fact of reduplication in this manner: we compare the heart-sounds with the pulse; not the radial pulse, but the carotid pulse.

If the second sound is reduplicated, the rhythm is so peculiar that we can hardly mistake it. What is the explanation? The first explanation given was that the heart ventricles did not complete their contraction, that



they stopped for an instant between the commencement and the end of the contraction, and then completed it. The most rational explanation, and that generally adopted, I believe, is this: We have in the reduplication of the heart-sounds a want of exact synchronism in the contraction of the two ventricles. Normally the ventricles contract together, but if one contracts a little before the other that fact accounts for the reduplication. Why is it, then, that we fail to have reduplication of the first sound in so great a proportion of cases, if that is the true explanation? If it is the correct explanation, we might naturally expect that both sounds would be reduplicated with equal frequency. The explanation is this: When reduplication of the heart-sounds is present, we have a feeble-acting heart; that is, the ventricular sounds are divided, and, of course, each is weakened. Now the first sound, so far as the valvular element is concerned, is a weaker sound than the second. When, therefore, the heart is weakened by this form of disorder, we do not get more than one of the elements of the first sound produced; we lose the first sound which is produced by the right ventricle, and the reduplication is not produced. But, under these circumstances, the second sound being louder and sharper in health, so far as the valvular element is concerned, we have an appreciable reduplication.

This form of functional disorder has more of scientific interest than practical importance. It occurs sometimes with valvular lesions, and sometimes in connection with healthy hearts. It sometimes continues for a few minutes only, and sometimes for hours and days; more frequently, however, it is transient. It is not attended by appreciable symptoms and does not claim any special treatment, and the reasons for its occurrence are not well understood.

#### ALTERNATE STRONG AND WEAK SYSTOLE.

The next form of functional disorder is likely to be confounded with reduplication.

We meet, occasionally, with a form of functional disorder of the heart in which every alternate systole is too weak to produce a radial pulse. The ventricular contraction is too feeble to produce a sufficient momentum of the arterial blood to cause a radial pulse to be appreciated with the finger. This occurs regularly, so that the pulse at the wrist represents only every alternate systolic ventricular contraction. It is very curious to notice with what regularity this irregular action of the heart is preserved, and it may continue for successive days.

Many years ago, before being acquainted with this form of functional disorder, I re-

garded it as a reduplication, and, moreover, observed and reported a case in which the interest rested chiefly in the fact that "reduplication of the heart-sound continued several days." As I was afterwards satisfied, this was a case not of reduplication, but of the form of disorder under present consideration.

There is a mode in which you may avoid this error, and that is, by making your observations in connection with the carotid pulse. This alternate weak systole is usually strong enough to produce a carotid pulse. This form of functional disorder may occur with valvular lesion, with enlargement of the heart, or it may occur without cardiac disease. The disorder has no special significance. Why it occurs we cannot explain. The patient may not be conscious of it. It claims no particular plan of treatment. It is more interesting as a clinical curiosity than as possessing any practical importance.

#### INFREQUENCY OF THE HEART'S ACTION.

Another form of functional disorder is infrequency of the heart's action. Not much attention has been given to this form of disorder, and, if I mistake not, my own knowledge of it has been acquired since the publication of the second edition of my work upon Diseases of the Heart.

The heart's action may be so reduced in frequency that we get a pulse numbering 50, 40, 30, and perhaps even less than that. I have met with a few such cases, and reported them in a short paper which was read before the New York Academy of Medicine, and subsequently published in the "American Practitioner." In order to distinguish between this form of disorder and that in which we have alternate weak systoles, we have first to determine that the pulse corresponds in frequency with the heart's sound. If they accord, that is sufficient to exclude alternate strong and weak systoles.

If the pulse is diminished much in frequency, it is accompanied with certain nervous symptoms which do not correspond in all cases.

The patient is sensible of a certain feeling of discomfort, and sometimes has a sense of impending death. In some cases there is a certain amount of mental aberration and a general feeling of prostration. Of course, in examining such a case, and before it is pronounced to be one of functional disorder, we must exclude organic disease of the heart as in all the different forms of functional disorder, by the absence of the signs of organic disease. This form of functional disorder does not tend to a fatal result; there is no danger accompanying it. In none of the cases in which I have observed it has a fatal termination occurred, but, on the other hand, all

the patients have recovered from it after a short time.

It is not easy of explanation. It would seem that the retarded action of the heart is produced by some influence transmitted to the organ through the *par vagum*. In determining that we have this form of functional disorder, we must take into consideration the fact that the heart's action is rendered infrequent by cerebral disease, and by the influence of certain drugs. Of course, all these must be excluded before the conclusion is reached that the patient has this form of functional disorder of the heart.

The indications for treatment are to stimulate the patient by the use of alcohol, and perhaps counter-irritation.

This form of functional disorder is interesting, because of its infrequency, and it has scarcely been recognized as a form of functional disease of the heart.

#### INCREASED FREQUENCY OF THE HEART'S ACTION.

In the forms of functional disorder of the heart commonly met with, the action of the heart is increased in frequency without disturbance of the rhythm.

This disorder is illustrated in that very curious disease known as exophthalmic goitre, or Grave's disease, or Basedow's disease, in which we have a persistent frequency of the heart's action, 130 or 140 beats to the minute, and perhaps continuing so for years. We should naturally suppose that this, like other muscles, would become fatigued by such persistent rapid movement, but such is not the case. We meet occasionally with cases in which there is a rapid action of the heart persisting for days and weeks with regularity of rhythm, without the protrusion of the eyes and the enlargement of the thyroid body present in exophthalmic goitre. Still, these cases are comparatively infrequent. In the great majority of cases of functional disorder of the heart, characterized by increased frequency of the heart's action, we have with the rapidity a disturbance of the rhythm, or regularity, and the disturbance occurs in paroxysms. These paroxysms are of variable duration. It may be for an instant only. The most common form is this: the patient is suddenly seized with a rapid and irregular action of the heart, and he is conscious of it, and painfully so—and it produces a fear, not infrequently, of sudden death. These paroxysms appear at different times with greater or less frequency, and in some instances the irregular action of the heart is excessive; the patient has an "insane heart," which may continue so for days, and sometimes for weeks. When it does continue so long, the consciousness of it

is so painful and the apprehension so great, that we can hardly help feeling a great interest ourselves, lest there is something present more than functional disorder.

#### INTERMITTENCY OF THE HEART'S ACTION.

The form of functional disturbance which, perhaps, excites most apprehension is intermittency of the heart's action. This is frequently associated with palpitation, as it is called. There is an exceedingly irregular action of the heart—"fluttering" is a term used by many patients to express it; sometimes a violent action, as though the heart was "struggling to get out of the chest, when suddenly there is an intermission in the heart's beat. The patient is conscious of this, and the suggestion is to his mind, "I am in danger of sudden death." Now, intermittency in the heart's action occurs in connection with valvular lesions and with enlargement of the heart. It occurs when the patient is not conscious respecting the presence of organic disease of the heart, and it is apt to occur in persons advanced in years without any coexisting evidence of organic disease. Intermittency in itself is never evidence of organic disease of the heart. It occurs often when the patient is not conscious of it; but the intermittency in this form of disorder is attended with the most vivid consciousness. Generally in the functional disorders of the heart in which the heart's action is increased, the heart-sounds are abnormally intense, especially the first sound. This is easily explained. I have had occasion to call your attention to the fact that when the ventricle acts, the curtain of the valves are already floated out so that they are actually in contact with each other. But when the heart is acting rapidly the ventricle contracts upon a small quantity of blood, and the consequence is that the valves are not thus floated out. We have, therefore, an intensified valvular element of the first sound; it is peculiarly sharp, loud, and valvular in some cases. Now, with regard to these forms of functional disorder of the heart, we are called upon to say to the patients, no matter how much disturbance there may be, or how great distress they may occasion, that there is absolutely no danger. We are warranted in saying that positively, and that mere statement is sometimes more important to the patient in way of curative influence than any remedies which can be employed. It is always important to say to the patients that they *must not* form the habit of feeling their pulse, and must keep themselves as far as possible from any knowledge whatever of their hearts.

How are we to treat these cases of functional diseases of the heart? We are to take into account the causation. Now, causation

involves a natural conformation or natural constitution in some persons. There are some persons who have what we call irritable hearts, hearts easily excited into functional disturbance. To these persons we are obliged to say that very likely they will not be cured entirely. We may also say that we believe there is no danger, and that they will finally get over the disturbance to such an extent as to have but comparatively little of it. Aside from this innate predisposition, what are the causes? Tobacco is one; and, perhaps, when only moderately used. Functional disturbance of the heart occurs in connection with dyspepsia. It is said to do so from sympathy, it is a clinical fact that the two conditions are very frequently associated. The condition of anæmia favors functional disorders of the heart. Prolonged mental anxiety is a very frequent cause of these disorders; and excess in venery is also to be mentioned. When patients ask me concerning the cause of this disturbance about the heart, if it be functional, I usually enumerate the different causes and leave them to judge as to how far they are applicable in their own cases.

Of course, treatment involves removal of these causes. In case of anæmia the treatment involves the use of chalybeates, hygienic measures, and measures to improve the appetite and assimilation. In those cases in which we find evidence of a naturally irritable heart we cannot say that cure is to be permanent, but we can promise the patients, with a good deal of satisfaction, that with the removal of all causes within control, and the use of certain measures for the relief of these, a certain degree of benefit will be sure to follow.

Finally, I wish to call your attention to the fact that we may have functional disorders coexisting with organic lesions, but not dependent upon them. The same causes which give rise to functional disorders of the heart in persons otherwise healthy, will operate in those who have organic disease of the heart, but in such cases the functional disturbance is more likely to be troublesome than when unassociated with organic lesion. How are we to determine the presence of functional disorder coexisting with organic disease of the heart? After a certain amount of practical observation it will not be difficult to answer this question. First, you will ascertain whether any of the causes of functional disorder are operating. Next, we can determine by physical signs whether the organic lesions which exist would be likely to occasion so much disturbance of the heart. We can determine that the organic lesions are not important. Now, suppose that symptoms of functional disturbance are present with little

or no enlargement of the heart, or what enlargement is present is in the way of hypertrophy; we know very well, under these circumstances, that the lesions do not generally give rise to grave results. If, therefore, we find the phenomena present which have been described under the head of functional disorders, we have good ground for the conclusion that the disturbance complained of is functional, and if treated as such the patient is usually relieved. Functional disorder is especially present in patients with organic disease of the heart when they become anæmic. Let anæmia be developed by indigestion, by lactation, etc., and palpitation will be developed and become a troublesome symptom, and here we are to be careful that the disturbance is not imputed to the organic affection while it is due to that which gives rise to the functional disorder.

I wish to have you recognize this fact, that, in individual cases, we may have with organic lesions important functional disorders of the heart, and that we are to endeavor to avoid the error of attaching undue importance to the organic lesions from the fact of co-existent functional affection; for with the removal of the functional disturbance, the patient will suffer simply from the organic lesion, which may give rise to no symptom whatever.

### Rheumatism.

Dr. Julius Pollock, in some clinical remarks on rheumatism, clears up some confusion which surrounds this subject. Rheumatism is applied to several different diseases which are essentially distinct, although they have certain features in common. The two chief forms are articular and muscular rheumatism. The former is a disease of early adult life, more or less acute in character, with a tendency to get well in about six weeks. Articular rheumatism, when at all severe, is called rheumatic fever. It attacks the synovial membranes and also the similar serous membranes, especially of the heart. There is a distinct predisposition to this disease in certain persons, which is sometimes inherited. The immediate exciting cause is exposure to cold or "taking a chill." It never attacks the muscles. Muscular rheumatism is a disease of middle and advanced life, is commonly chronic, and will continue indefinitely if not treated. It attacks, not the muscles themselves, but the tendons and other parts of the muscle which have a similar anatomical structure. Muscular rheumatism does not attack the heart, and is rarely fatal.—*Chemist & Druggist.*

### Errors in Sanitary Science Supported by the N. Y. Board of Health.

On the evening of December 13th, at a meeting of the N. Y. Public Health Association, Mr. James C. Bayles, a member of the Association and chairman of the Standing Committee on "Public Sewerage and Drainage," presented his report, and with it an address on "House Drainage and the Board of Health."

Mr. Bayles had provided some large diagrams, which, in a reduced form, are to be found accompanying this reproduction of the address. Emanating as did this criticism and denunciation of the Board of Health, from the "*house of its friends*," it affords a text or two for public contemplation. Owing to the discussion of this subject at this time, we believe it will much interest the profession, and the readers of the *Journal of Materia Medica*.

"We are indebted to Col. Emmons Clark, Secretary of the Health Department of the City of New York, for copies of a pamphlet intended to instruct the public, as to the proper method of draining city houses with sewer connections. It is printed very neatly and illustrated sufficiently, and was, doubtless, intended to do a good work. Unfortunately, however, it is calculated to do a vast amount of serious mischief, and instead of teaching the public how to overcome the evils of defective drainage, it is much more likely to mislead the house owner and confirm the ignorant architect in the error of his ways. We say this, not in the spirit of captious criticism, nor without due respect for the gentlemen whose names appear in the report, or are appended to it. We do not hesitate to say, that the report should be promptly withdrawn from circulation. It defeats the end it seeks to accomplish, and before another book is printed for general circulation, it would be well for the Health Department to invite those, who have made a special study of the mechanics of hygiene, to send in essays on house drainage, for consideration by a committee of experts selected to read them, and then print the best. A good pamphlet on this subject, with from ten to fifteen pages of text, and as many illustrations as are needed, would be very useful to the public, and the honor of official publication would be ample compensation to anyone, likely to feel enough interest in the cause of sanitary reform, to care to contribute to its literature. The following is the full text of the pamphlet."

#### DEFECTIVE DRAINAGE OF DWELLING HOUSES.

The following report upon defective plumbing and house drainage, has been prepared by Sanitary Inspectors C. P. Russell, M. D., W.

H. B. Post, M. D., and T. J. Nealia, Sanitary Engineer, approved by the Sanitary Committee and ordered published by the Board of Health.

The subject of defective house-drainage and sewer gas poisoning, has recently, in cities especially, been regarded with peculiar interest by sanitary officers, by medical men, and by the community at large. It cannot be denied that emanations from drains and sewers, if permitted to penetrate into dwellings, are detrimental to the health of the inmates, and liable at times to introduce specific disease. Our people are now generally aware of this danger, and yet there is remarkable ignorance even among the most intelligent classes, including the medical profession itself, of the manner in which the poisonous gases gain their insidious entrance, and of the methods available for their exclusion.

It is with a view of instructing the community in this regard, that the following brief and simple statement has been prepared.

The principal diagram, (Fig. 1) does not pretend to represent an entire dwelling, but it exhibits all that is essential, and illustrates the vital principles of efficient house drainage.

#### ABSENCE OR NEGLECT OF TRAPS IN HOUSE DRAINS, VIZ, WASTE PIPES, SOIL PIPES, AND SEWER PIPES OR HOUSE SEWERS.

Traps (see A. A. A. and B. B. B. Fig. 1) are pipes so curved as to retain sufficient waste water to seal them against the passage of gases.

Waste pipes (see C. C. C. C. C. and C. D. Fig. 1.) receive and conduct to the sewer pipes waste water from bath tubs, wash basins, slop sinks, etc.

Soil pipes (see C. D. Fig. 1) drain the water closets (see a. a. a.) into the sewer pipes.

In some houses the main waste pipe and soil pipe are distinct and separate, but in ordinary dwellings they are identical, as in Fig. 1 (C. D.)

Sewer pipes or house sewers, (see E. Fig. 1) receive and discharge into street sewers the entire drainage of houses.

Traps, unless supplemented by other contrivances, afford little protection, becoming useless—

1st. By permeation of gases through their water when it has stood for a long time.  
2nd. By evaporation of said water under similar conditions.

3rd. By air pressure from street sewers obstructed or filled to repletion.

4th. By their contents being siphoned or sucked up, when a vacuum is produced in their connecting drains by heavy discharges, either of rain through the roof-leaders (which empty into the house sewers), or of other water down

the waste and soil pipes (as from bath-tubs &c.) The first two dangers are obviously to be avoided by frequent water supplies. A remedy for the last two is the adequate ventilation of waste and soil pipes. They should be extended, full bore, to a height of about two feet above the roof, their upper extremities being left open, surmounted by a cap or curved downward (see F. Fig. 1). Every receptacle of waste water should be guarded by a trap (B. B. B. Fig. 1) It is important, however, that a free passage of air should take place through the waste, soil and sewer pipes. Consequently no traps should be put at the junction of either of the first two (i. e. K) with the last. The requisite ventilation should be secured by a rear roof leader, emptying into the sewer pipe (see G. G. Fig. 1).

The house sewer should be trapped at a point between the entrance thereto of the waste or soil pipe, and its junction with the street sewer (see H. Fig. 1). This is a most important precaution. The best material for all drain pipes is iron. Every joint should be thoroughly secured and caulked with molten lead.

The house-sewer should be an iron pipe of six inches diameter. It should never be constructed of brick and mortar, which cannot long resist the passage of gases. Vitrified earthen ware piping is less objectionable than brick, but is more liable to fracture and leakage than iron. The house sewer should be so laid as to either remain in sight or to be readily uncovered without digging. All the

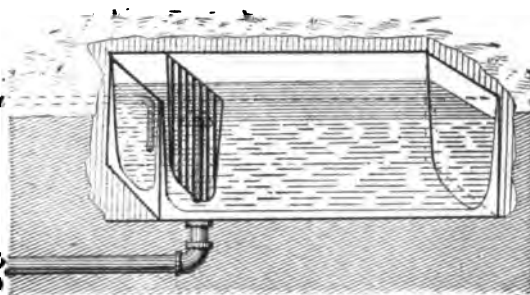


FIG. 2.

other drain pipes should be exposed to view as much as possible, as when concealed their defects may escape observation. Yards and areas should always be properly graded, well paved and drained by pipes emptying into the house-sewer.

Cellars and foundation walls should be rendered impervious to dampness as far as circumstances will permit. A persistently wet cellar should be provided with a separate blind drain, emptying into the trap of the house sewer.

Every dwelling should, if possible, be independently connected with the street-sewer.

No sinks or basins should be placed in sleeping rooms.

Privy vaults should not be permitted in the yards of private houses.

The above rules refer more particularly to private residences. They are in the main, applicable as well to tenement houses; but the ter variety of dwellings have some peculiarities.

Except in the better class of such houses water closets are impracticable, as they will constantly be choked up with matters thrown into them, by ignorant and careless tenants.

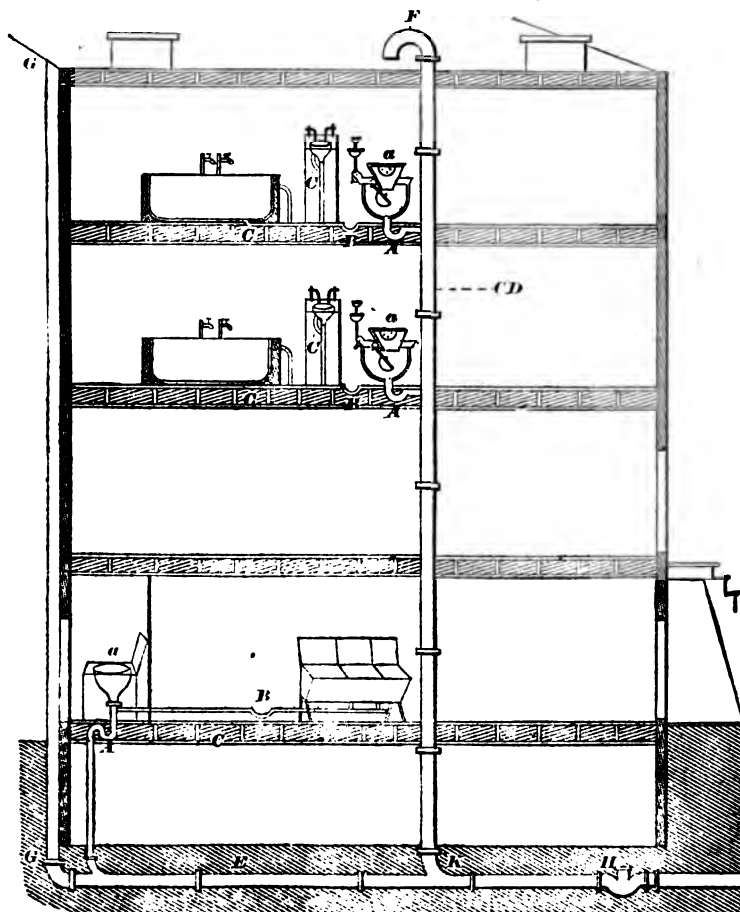


FIG. 1.

Here, therefore, the privy vault is generally preferable. It must be well constructed, and when situated in a contracted yard bounded by tall houses, it should be ventilated by a pipe of eight inches caliber, extending from a point at least six inches below the top of the vault, to several feet above the roof of the highest adjacent building. The privy vault should, if practicable, be connected with the street sewer by a separate drain pipe of its own, flushed by roof leaders and yard drainage.

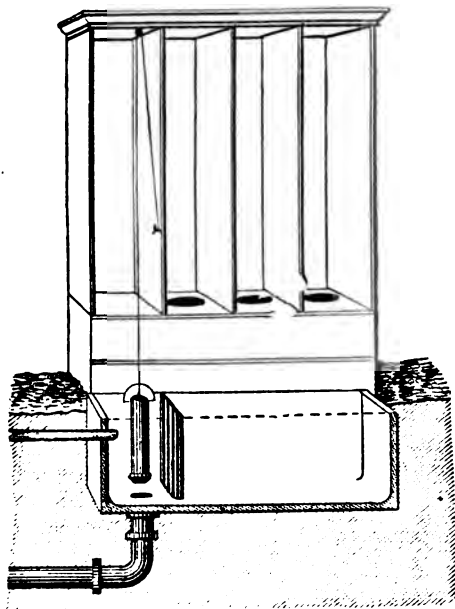


FIG. 3.

These directions apply to ordinary privy vaults. The best improved privy vault known to this department is represented by Fig. 2, (and Fig. 3). It is constructed by connecting a water-tight vault with the street sewer by a discharge pipe, which is provided with a movable plug so arranged, that the vault can at all times be properly flushed when the plug is set in the discharge pipe. The vault can be kept free from sewer gases, by means of a cap set over this plug dipping into the water in the vault. An iron grating should be provided in the vault to intercept large substances thrown therein.

By order of the Board:

CHARLES F. CHANDLER, President.  
EMMONS CLARK, Sec."

"So much of the contents of the pamphlet as relates to privies, we find no present occasion to criticise: so much of it as relates to house drainage, is a curious mixture of sense and nonsense, with the latter largely predominating. Let us carefully examine.

THE DIAGRAM MARKED FIG. 1, which, we are

told, "does not pretend to represent an entire dwelling, but it exhibits all that is essential, and illustrates the vital principles of efficient house drainage."

In our judgment it simply illustrates the unfortunate ignorance of the gentlemen who borrowed it, probably from some English book.

We have too much respect for them to suppose for a moment that they designed it. To show that it illustrates nearly all that is bad in the worst plumbing practice of the time, let us examine the various lines of pipes, and their connections, with the fixtures discharging into them.

#### THE SOIL PIPE, HOUSE DRAIN AND LEADER.

In the house drain, or sewer pipe, we find two conspicuous examples of bad practice.

The drain is laid perfectly horizontal at a depth of say two feet under the cellar bottom. We are told in the accompanying text that, "the house sewer should be so laid as to either remain in sight or to be readily uncovered without digging."

This certainly does not appear in the cut which "exhibits all that is essential, and illustrates the vital principles of efficient house drainage." This, however, is a much less serious matter than the absence of any fall or pitch. A pipe extending horizontally the whole depth of a house, would soon become indescribably foul. The flow would be very sluggish, and nothing less than an exceptionally heavy downfall of water would flush it at all.

This could not be secured by any means shown in the drawing, except the favorable accident of a heavy thunder shower. Even then the flushing would be much less perfect, than if a steep pitch had been given to the pipe. It may interest the gentlemen of the health department, to know that one foot in ten is the least pitch which such a pipe should have. Two in ten would be a great deal better. In the drawing marked Fig. 4 we have corrected this defect, and several others to be noted further on. To secure the ventilation which, we are glad to see, is recognized as important by the Health Department, the vertical line of soil pipe is carried above the roof, terminating in a bend.

The house drain is also vented to the roof by means of the leader. This is well enough, but to defeat the object thereby sought, the gentlemen who have undertaken to illustrate the "vital principles of efficient house drainage," have put a trap in the house drain just inside the cellar wall.

Now, if there be anything more than another which we do not find in first class plumbing work, it is a trap in the main line of pipe connecting the house and the sewer. The ob-

ject of venting a pipe is to permit a circulation through it; the object of a trap, is to stop such a circulation. If the latter is accomplished, the former cannot be, but as the latter is wholly undesirable, it is obviously unwise to secure it at the expense of the former.

The main waste pipe of a house should be carried from the sewer to the roof, without diminution of size, without unnecessary bends and *without a trap at any point.*

In the arrangement shown in Fig. 1, the trap H under the cellar floor would do no possible good, and might do considerable harm. So long as the leader remained clear and open there would probably be no trouble, but many times during the winter, in this climate, it would be closed by ice and snow, and then the mischief would begin. A sudden dash of water from the closet on the top floor, would cause the air in the soil pipe to cushion on the seal in trap H, and before it could relieve itself, either by displacing the seal at H, or by the displacement of the air which had rushed in at F. to fill the partial vacuum which would be created in the upper part of the soil pipe, the half inch seals of every trap on the line of the pipe below the top floor would be blown out, and a puff of air charged with impurities taken up from the slimy lining of the pipe would be discharged from every fixture. The philosophy of this is, that a seal with half inch dip in a branch waste, would yield to a less pressure than is required to move a seal of  $\frac{1}{2}$  inch or more dip, in a 4 inch pipe. The same would happen if any fixture above the basement floor was used when the leader was discharging rain from the roof.

In no case should any dependence be placed upon the ventilation of a soil pipe secured through a leader. On this point, Latham, who unquestionably stands at the head of the profession of Sanitary Engineering, says: "Rain water pipes ought never to be used as ventilators, as they terminate under the eaves and, moreover, *when most required, are doing duty in their legitimate capacity.*"

If the trap H. was omitted, the warm air of the sewer would probably keep the leader open in winter. As it is, it would freeze as solid as a brick.

Concerning the trap H. considered as a trap, a word or two may not be out of place in this connection. It will be noticed that the column which rises from the bend is covered with a cap. The opening thus covered is called a hand-hole, and makers and dealers claim that it is a great advantage to the trap, in that it permits the house owner or tenant to clean out any accumulations of solid matter in the trap. He has only to remove the cover to expose the whole inside. This is true, but the advantage is doubtful.

In point of fact, these hand-holes are left in traps of this kind, simply because they cannot be easily cast without them. They are necessary to support the core, and are objectionable simply because the caps are not likely to be tight. In ninety-nine out of every hundred houses in which such traps are introduced, we find that the cap is simply held in place by the bayonet joint, or by screw bolts, and that the edges in contact are just as they came from the foundry. Such a joint makes no pretensions to being tight, and it is so difficult to make it tight that the plumber often does not trouble himself to try. It can be made tight for a time with putty or washers, but it requires constant attention to keep it so, and this, such traps never receive. Consequently, almost any other trap made, is better than this.

#### THE WASTE PIPES.

A further examination of the drawing which "exhibits all that is essential" in good house drainage, reveals the fact that the branch wastes are all wrong. On the basement floor, the waste from the laundry tubs is carried horizontally, for a distance equal to half the depth of the house, and discharged into the soil pipe of the hopper closet. A much better and cheaper arrangement is shown in Fig. 4, the tubs washing direct into the soil pipe alongside of them. On the third and fourth floors we find an equally bad arrangement. The baths and basins waste through horizontal pipes emptying into the water-closet soil pipes above the trap. This would not be likely to happen in practice, as they would be carried into the trap and below the level of the seal, but we call attention to it as illustrating the worse than valueless character of the drawing "approved by the Sanitary Committee, and ordered published by the Board of Health." Waste pipes should never run horizontally, when it is possible to give them a pitch, and they should not, in good work, discharge into a closet trap. This is the most economical way: but as a closet trap is often foul, the water standing in the lower end of the branch waste will be foul also, which may give rise to a nuisance. It is but little more costly and a great deal more satisfactory, to connect them with the soil pipe by a separate hub.

In the arrangement shown in Fig. 1, we have every condition as bad as it can possibly be. The baths and basins on the two upper floors waste into the soil pipe of the closet nearest them, *between two seals.* Whenever water was discharged at this point an equal volume of foul air in the upper section of the soil pipe would be displaced, and as it would find several easier ways of escape than through the trap seal, this air would puff out into the room, freighted with impurities taken up from



the fifth, coating the receiver and pipe. On the other hand, every time either closet was flushed, the seal in the running trap of the bath and basin waste, if there should chance to be one, would be sucked out, leaving the receiver and pipe free to vent themselves into the rooms.

#### TRAPS.

This brings us to the consideration of the traps. Those under the closets are—we may assume—of the usual pattern, although the drawing (Fig. 1) would give the plumber but little idea of how to make connections with the waste pipe. The traps in the waste pipes, however, are both unusual and bad. In point of fact, they are little better than no traps at all.

The objection to a running trap is that it cannot be made to hold a seal. It will syphon out, every time the pipe is charged—which will be every time the bath is emptied, in the case illustrated,—and this can only be avoided by making the section below the trap so much larger than the trap itself, that it cannot become charged, or by venting the trap. In a horizontal pipe of even size throughout, and discharging the waste of two fixtures, no running trap could be expected to hold its seal.

In the case of the hopper in the lower floor, a heavy flood of rain water down the leader, would probably syphon the seal out of its trap. It will be noticed, in Fig. 1, that the over-flows of baths and basins connect with the waste-pipe as directly as possible. This is very bad practice, as any obstruction in the waste-pipe would render the overflow useless. As this is a question of mechanics rather than of hygiene, and will not be likely to give rise to any worse conditions than would otherwise exist, we will not dwell upon it.

While upon the subject of traps, we would call attention to the fact, that not one of the seven shown in Fig. 1 could be relied upon to hold its seal. We can never trust a trap which is simply a bend in a pipe. Unless the trap is vented at the highest point of the bend below the seal, by a pipe large enough to prevent the formation of even a partial vacuum below the trap, the displacement of the seal by syphonage is certain to occur, under a great variety of conditions.

#### VENTILATION.

Referring again to Fig. 1, we find in this remarkable exhibit of "all that is essential", no adequate provision for the most important of all "the vital principles of efficient house-

drainage"—the ventilation of the drainage-pipe system.

In all plumbing work which conforms to the accepted standard of scientific excellence, pipes for ventilation (or venting) constitute a separate system, which is as important as the waste-pipe system itself. In the arrangement of pipes and fixtures shown in Fig. 1, the security of every seal is dependent upon the ventilation of every trap, by some means independent of the soil pipe. The closet on the basement floor should have its trap ventilated in the same way—by a connection with the leader, if nothing more. Good work would demand that it should be vented by a small

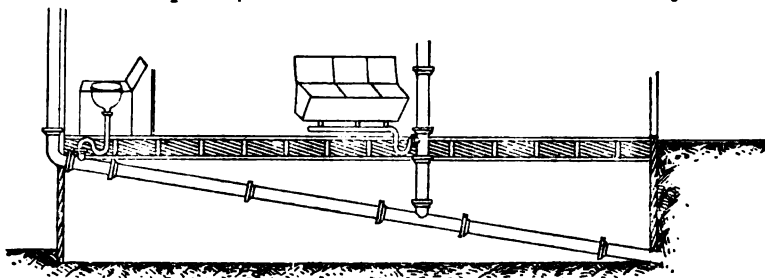


FIG. 4.

pipe terminating somewhere outside the house, where no harm would come of any gases that might pass through it.

Every other trap should be vented by a small air pipe, and these pipes may, for economy, converge in one pipe of, say, 2 inches diameter, extending through the roof.

We have discussed this point so often and so fully, that we need not go into details here.

#### THE HEALTH BOARD AND THE PUBLIC.

To criticise thus severely, a pamphlet written by gentlemen who have the highest claims upon our regard and respect, is a task at once delicate and unpleasant, and we do so, only because we believe we owe the house-builder and tenants of the country, a duty which has stronger claims upon us than the consideration of personal friendship.

We know the difficulties which the Board of Health encounters at every step. We know how hard they have found it to enforce even the most necessary reforms, in opposition to the combined efforts of the property owners, and how the very existence of their organization is menaced every year, by a strong lobby at Albany, pledged to break their power. We know how necessary it is to maintain an efficient Sanitary administration in this city, to strengthen its hands in every good work, and to create a public sentiment in favor of vesting the board with a larger authority, to compel house-owners to reform evils and correct abuses which induce sickness, and swell the death rate.



In view of all this, we cannot be indifferent when the Board places so powerful a weapon in the hands of its enemies, as this hasty and ill-considered publication.

#### DISCUSSION.

We have dealt with many of the most important practical questions relating to house-drainage. We are sure that whatever we have said, is susceptible of abundant proof, and that we are dealing here, not with questions of opinion, but with questions of fact; but knowing that under various conditions, experiences differ, we claim that the subject ought to be discussed with the utmost freedom, through the columns of any journal that will engage the public attention, and that such fundamental questions in the science of house-drainage should be settled at once and forever.

#### New Method of Reduction of Dislocation of the Hip.

By S. J. ALLEN, M. D., WHITE RIVER JUNCTION, VERMONT.

One day in the month of March, 1841, at which time I was a student of medicine in the office of John L. Swett, M. D., of Newport, N. H., I was riding in my sleigh, about three miles south of the village, and, passing a house situated some six rods from the road, I heard an outcry. Looking in the direction of the alarm, I saw a woman, Mrs. Perry by name, who, in stepping from the door, had slipped and fallen upon the icy ground. Hitching my horse, I walked rapidly toward her. As I came near, two men came out of the house, and, lifting her erect, assisted her inside. While they were bearing her along, I noticed that the right foot turned in upon the dorsum of the left; and I said to myself—"Case of dislocated femur upon the dorsum ilii." Expressing my opinion to the friends of the woman, I said, "You must send for Dr. Swett to reduce it." A messenger was directly dispatched, who upon the way met Dr. Mason Hatch, a respectable practitioner of medicine, but less skilled in surgery. The doctor being requested to call, did so, and examined the hip by passing his hand over it, saying that he guessed the hip was not out of joint; and bringing from his sleigh a box of Kittridge's ointment, directed it to be applied three times a day to the hip, saying at the same time that he thought the patient would be well in a few days. After the learned doctor's departure, I repeated my opinion that the hip was dislocated, and that Dr. Swett must be summoned to put matters right. While the horse was being harnessed the second time, I concluded to make some examination of the limb for the purpose of reassuring myself of the correct-

ness of the diagnosis. Grasping the leg with my right hand, I flexed the leg upon the thigh, and the thigh at right angles with the body. The old lady, for thus I considered her then, although but forty, complained of my hurting her; and somehow the limb became fixed in the position, and could not well be moved. It seemed locked, and could not be moved further without considerable force and pain. With the view of relieving my patient from this uncomfortable state, I stepped upon the bed, and standing with her limb between my own limbs, and placing the dorsum of her foot upon my nates, and my right hand under the bend of her knee, I lifted her hips from the bed, holding her steadily in that position a few seconds, when the head of the dislocated bone slipped into the socket, accompanied by that peculiar audible shock which so delights the surgeon's ear. She immediately exclaimed, "I am well! I am well!" Of course, it was unnecessary to send for Dr. Swett now, so the horse was returned to the stable.

On my return to Newport village, I found Dr. Kittridge, of Claremont, N. H., present with Dr. Swett, and immediately related the incident as above described. I was informed by the two justly eminent surgeons that it was not a case of complete luxation, but that the head of the femur got caught upon the edge of the acetabulum, and that my manipulation had fortunately and accidentally lifted the bone into the socket. This announcement made my hat and coat seem very small; but I accepted the situation with a submissive grace, although I never forgot the method of reduction. Keeping it in mind, I intended to apply it in my next case, which I confidently expected to meet with sooner or later.

September 21, 1848, I was called to a little girl ten years old—Minnie Clark—who, while climbing upon a heavy gate resting upon the fence, fell upon her back, the gate falling upon her, dislocating the right femur upon the dorsum ilii. I attempted reduction by the method resorted to in the case of Mrs. Perry, but failed, in consequence of the great rigidity of the muscles, the light weight of the body of the child, and the want of an anæsthetic. So I sent for Dr. Dixie Crosby, who reduced it with Jarvis's adjuster, after saying that he disliked to apply so powerful an instrument to so young a subject, fearing that he might separate the epiphysis at some point. Jarvis's adjuster was very generally used at that time, and in that vicinity, to reduce dislocations.

The 16th of July, 1852, I was called, in consultation with Dr. Sperry, of West Hartford, Vermont, in the case of a French Canadian, Lewis Baumhar, a section hand on the Central Vermont Railroad, who, while helping to carry a track-rail, fell on his right knee,

the rail slipping from his shoulder and falling upon the sacrum, dislocating the right femur upon the dorsum ilii. When I arrived, Dr. Sperry asked me if I had my pulleys with me. I answered that I had the pulleys which the Almighty furnished me with. Said the doctor, "You can't set the leg without pulleys." I answered that I could try. After the patient was fully chloroformed, the muscles being thoroughly relaxed, I stepped upon the bed, and flexed the leg upon the thigh, and the thigh at right angles with the body, and placing his foot between my legs, and my hand beneath the bend of his knee, I lifted the hips well from the bed, and held them immovable in that position less than half a minute, when the head of thigh bone returned into the socket with a sensible and audible shock. The reduction was accomplished so quietly that the doctor did not notice when it occurred, nor did he understand the method used, and at first questioned the fact of its having been reduced.

September 25, 1874, I was called, with Dr. Davis, of Lebanon, New Hampshire, in the case of N. S. Huntington, of Hanover, New Hampshire, a brakeman on the Central Vermont Railroad, who, while coupling cars at Claremont Junction, had his right hip dislocated on the dorsum. Chloroform was administered by Dr. Davis, and I reduced this dislocated femur in the same manner as in the case of Baumhar, and with the same facility.

January 13, 1877, called, in consultation with Dr. B. F. Eaton, of Hartford, Vermont, to see A. Woodbury, a freight brakeman, who had his left hip dislocated while coupling cars at Bellow's Falls, Vermont. Dr. Eaton gave the chloroform, while, by the same method as in the above described cases, I returned the dislocated bone to its proper place in less than half a minute.

These four cases are all I have to relate, as testing this new, easy, and, I claim, unfailing method of reducing luxations of the hip joint. It will be noticed that they are all cases of dislocation on the dorsum ilii, but at the same time we should be reminded that the dislocation on the dorsum is the type of all luxations of the femur, and that before the reduction is accomplished in other and rarer forms, the head of the thigh bone is thrown on the dorsum by manipulation before it can be returned to the acetabulum. Indeed, it is not uncommon for the head of the femur to be changed from one position to the other, several times during the manipulations, before it can be returned to the socket, in cases of pubic and ischiatic forms of displacement, by the method of Nathan Smith.

By my method, the lower part of the body is lifted from the floor and held immovable.

This manœuvre relaxes the ilio-femoral ligament, and the weight of the hips and opposite limb rotates the body outward, producing sufficient abduction and extension to quietly draw the acetabulum over the head of the femur, and at the same time compelling the patient to become "particeps criminis" in case of a suit for mal-practice.

[Dr. Allen requested me, which is surely unnecessary, to add a word of indorsement to his article.

This I most willingly do, for his method is so beautiful and simple, and seems so rational withal, that we can only wonder, as in many similar cases, that it was not thought of long ago. But as the final acceptance of any surgical procedure must be based on the result of actual trial and experience, we would urge upon our readers to try the new method, carefully following the directions of its originator, and publish their results.—EDITOR.]—*Ohio Medical and Surgical Journal.*

For *Journal Materia Medica.*

#### Physicians and Pharmacists.

By E. L. BOOTHBY, M. D., HAMMOND, WIS.

In the November No. of the *Journal* there appears a letter from T. H. B., who makes complaint regarding adulterations of medicines and the substitution of inferior articles by the Druggist and Pharmacist.

Similar complaints are arising everywhere from the the Medical Profession. One can scarcely take up a medical journal and not find therein some allusion to the adulteration of drugs, the substitution of inferior or cheaper articles, and the wholesale prescribing by the Pharmacist.

The old song that "the Doctor won't know the difference" between this and that preparation is worn threadbare. Physicians are getting their eyes open and are on the watch for just such cases. The Druggists at the present time have the profession within their power, and can adulterate, substitute, prescribe and overcharge to their hearts' content, and we are powerless to prevent. The Pharmacist also claims the prescription and refills it as often as possible, and if it is one of great efficacy will keep it prepared.

Query—Who owns the prescription? The Doctor who wrote it, the Patient who paid for it and the advice with it, or the Pharmacist who filled it?

So popular is the ordinary drug store with the people, and so obliging the proprietor or gentlemanly clerk, and so cheap is their *advice* (not their medicine) that a majority of the people go to them for advice and medicine, and the office practice of the physician is rapidly growing small and beautifully less. It is

useless to convince, by argument or otherwise, the druggist, that he is in error in prescribing or offering for sale, and even advising the use of certain proprietary medicines. They mind not such reprimands. Society makes certain demands of them and they readily yield.

Besides injuring the profession thus, their charges to the patient are often simply terrific. The Pharmacist's bill frequently exceeds the Physician's. The per cent. of profit on prescriptions is greater than on any other class of goods sold, and often when the illness is over, the Pharmacist paid, little or nothing is left for the Doctor. This system of overcharging is double robbery, robbing both patient and physician.

Often have I been obliged to prescribe without a fee in order that my patient might procure the necessary medicines.

Considering the now unsettled matters between Physicians and Pharmacists I can see but one way out of the difficulty that will give each one his due and satisfaction to all. And that is a return to the old system, i. e. Physicians their own Dispensers.

Hundreds of respectable people, but of moderate means, are driven to charity institutions by the overcharging Druggist and the Physician who only writes prescriptions, and in these institutions they get the best of medical advice and treatment gratis. There is also a great cry arising regarding this. For months past our journals have been teeming with articles on free Dispensaries, and the popularity of them even among those in good and sometimes affluent circumstances, claiming these were intended only for the very poor. In these hard times any who can procure an article gratis is not very apt to pay for it.

However much these journals say regarding this subject, none of them suggest a remedy in any way likely to succeed.

The country physician who makes long rides from his office, and from a drug store, finds it necessary to be supplied with medicines. It is a piece of imposition for a physician to ride ten or fifteen miles away from a drug store—write a prescription, and leave his patient. Were I a patient, I would never employ that man a second time. For all these difficulties let me advise that the physician be his own dispenser, and both he and his patients will be benefited in more ways than one.

I will admit that many articles are unhandy and disagreeable to carry, and in visiting patients at a distance it would be difficult to be prepared with medicine suitable for all cases.

I would here second a suggestion, which I have faith to believe is an excellent one, made by Dr. Bates in the Medical and Surgical Reporter for Nov. It was this—that if manufacturing Druggists, instead of making such a quantity of compound pills, Syrups and Elixirs

would simply manufacture Granules, sugar coated, containing but one article in minim doses like Granules of the Sulph. Morphia 1-10 gr. and using active principles when possible, the whole difficulty would be solved, and the Physician could be well supplied with all necessary medicine, and prescribe doses of single articles towards which there is a tendency or compound to suit the case, while his medicine would be elegant in appearance, palatable and soluble, and if properly and honestly prepared, he can accurately graduate the dose; and if pure articles are used in the manufacture as they should be, there would be no question, of their reliability. Suppose we had granules of Podophyllin, containing  $\frac{1}{2}$  gr. of Leptandrin, containing  $\frac{1}{2}$  gr. of Nux Vomica, containing  $\frac{1}{2}$  gr. of Hyoscyamus, containing  $\frac{1}{2}$  gr. we could easily compound a pill, such as we would get in the following prescription, and it would be far more palatable:—

R Podophyllin gr. ij.	of Pod. take 1 granule
Leptandrin, gr. iv.	" Lept. " 1 "
Ext. Nux Vom. gr. ij.	" Nux Vom. 2 "
" Hyoscyam. gr. iv.	of Hyos. 1 "
M. Et. Ft. Massa. in	And we have the
Pil. No. 8 Div.	same thing in much
	better shape.

Medicines prepared in this manner would be elegant to dispense, pleasant to the patient, even a child, and give the physician an opportunity to compound to suit the requirements of any given case.

Granules could be given separately and at short intervals, often to the benefit of the patient, small and often repeated doses being frequently more salutary. In case any prescription need to be repeated the physician and not the druggist will receive the profit. When some reliable house will manufacture these granules and sell to physicians in small lots of 100 or less, as cheap as they will to druggists, we will find much of the grumbling about prescribing physicians and overcharging druggists cease.

The physician will find himself armed with better means than heretofore, and a greater profit will come from a country practice.

I will not even except a city practice. Of the thousands in large cities who are treated at hospitals every year many would return did the physician dispense his own medicines. This is why Homeopathy has made such giant strides; medicines elegant and palatable are dispensed by the physician. By dispensing himself he can treat his case with finer drugs less expensive to all parties and run no risks of drug clerks' mistakes and receive both the druggist's and physician's fee.

Query No. 2.—Cannot Messrs. Tilden & Co. who are known to be reliable manufacturers put upon the market the majority of medicines

commonly used in the shape of granules containing minim doses, and active principles whenever practicable. This would supply a want long felt, and be of great value to the practitioner, who would soon do nearly all his own dispensing.

For Journal Materia Medica.

### Therapeutic Hints.

BY W. C. BUCKLEY, M. D., PHILADELPHIA, PA.

The Committee for the fifth decennial revision of the U. S. Pharmacopœia have done justice to the cause in one way, namely, in clinging to almost all the old articles at that time in it, with the exception of *Oleum Bubulum* of the primary, and *Arum Triphyllum* and three others of the secondary list.

What *neatsfoot oil* has done to cause it to be cut off from the society it so long enjoyed they do not tell us, nor of *arum* which has shared a similar fate, do they give us any reason for banishing.

The older writers gave great credit to the therapeutic effects of these remedies of former times and they still share the confidence of many quite respectable and successful physicians of modern days. The professors Barton, Eberle, Chapman, Mitchell, and many others of their day were wont to speak in praise of their therapeutic worth. Where is there to be found a better remedy for the *pectoral diseases of old people* when a stimulating expectorant is required than *arum triphyllum*? Not in the materia medica of the pharmacopœia, we are sure, nor is there any article therein named, that can at all compare, as a special tonic in many uterine affections with that of *aletris*, another of the dismissed articles.

*Angelica*, a third of those rejected from the secondary list by said committee, is no doubt a better remedy of its kind (*diuretic*) than any other now in it, except *apocynum* which should be mentioned in the primary list.

Yet, whilst they have *exorcised* these several old articles, they have been liberal enough to give place to several *new* and *very important* remedies. We allude to the *hydrastis*, *gelseminum*, *veratrum album*,\* *pipsissewa*, *cornus*, *erigeron*, *geranium*, *cotton-root*, *matiao*, *blackberry*, *stillingia* and others, making over a hundred added to the two lists *primary* and *secondary*.

There are still a few other already well tried remedies, which it is predicted will soon occupy their proper places in our materia medica. It is probable that the next pharmacopœia revision will take in some of the sulphocarbolates as of *zinc*, *sodium*, *magnesium*,

*potassium*, *lime*, etc., *saliylic acid*, *saliicylate of sodium*, remedies all preëminently useful as anti-septic medicines in zymotic fevers, as typhoid, typhus, scarlatinal, puerperal, pneumonic, meningic and others.

Important additions may also soon be made of *drosera*, *caulophyllum*, *helonias*, *viburnum* and *dioscorea*, as they are all remedies of superior value. There is nothing in the official list of remedies that can give the relief in many of the urino-genital complaints of women which these remedies afford when administered understandingly and properly. Yet, strange as it may appear, their value is by few, comparatively speaking, understood.

We may take up a few of these remedies at some future time and point out their particular application in disease, noticing, at the same time, the size of dose, frequency of repetition, mode of combination, preparation, etc., etc., as has seemed most appropriate from experience in their administration.

### Treatment of Obesity with Liquor Potassæ.

[Republished by request from Journal Mat. Med. March, 1876.]

Dr. A. W. FOOT (*Med. Press and Circular*, Nov. 24,) describes a remarkable case of obesity which was brought to the Heath Hospital and there treated. After considerable improvement, the patient ran off, but after some months he grew so much worse that he was brought back at his own request. His age was 17. He had been brought up to the business of stone-cutting, but had grown so fat as to be unable to strike a blow with the hammer. His height was four feet, five inches; weight 245 pounds. His diminutive stature gave him the appearance of being as broad as he was long. He had red hair and red cheeks. His eyes protruded from their sockets, and seemed to be contending against the encroachments of his broad and prominent cheeks. There was a marked accumulation of fat in the mammary regions. His belly lay spread out on the bed beside him, and considerably in front of his knees as he lay on his side. The gluteal regions were remarkably small; his skin was very vascular, and the general color of his flesh reddish, with the exception of the feet and legs, which were almost purple. These livid parts became quite white when pressed, and very slowly recovered their original color on removal of pressure. The circumference at the umbilicus could not be obtained, as this point, owing to the condition of his belly, was much below the iliac crest. His hands and feet were small and shapely, and contrasted in a marked degree with his awkward and unwieldy body. When last admitted to the hospital he was quite unable to stand on his

\*It is only within the past few years that anything has been known of specific quality of *Veratrum* in allaying gastro-intestinal irritation in acute bowel affections.

legs, he tried to support himself on his elbow, but did not succeed, and fell back exhausted, after the attempt. The patient used to say that the weight of his belly was breaking his back. The lower dorsal spine was tender on strong percussion. He had a most infantile penis—not larger than that of a child a year old, and it was ascertained that he had not had an erection for the last three years. The testes were not larger than the size of a garden pea; he said they never had been larger. His respiration was shallow and rapid, the heart's action feeble and rapid, but there were no abnormal sounds. His diet when at home had consisted of potatoes for dinner, and cake, bread, and tea for his other meals. He was one of a family of thirteen, none of whom were similarly affected. The explanation that he (Dr. Foot) ventured to give of the case was that after the patient arrived at the period of puberty the normal nervous energy which should have been expended in an ordinary case on the development of the testes was in the instance devoted to the formation of adipose tissue. With that view of the case, the prognosis could not be favorable. Two suggestions presented themselves in order to prevent a fatal issue—first, to lessen, if possible the present accumulation of fat, secondly, to restore muscular activity. The patient went out of the hospital one and a-half pounds heavier than when he was admitted, and that was accounted for by the loss of fat being replaced by the regaining of muscle. Enforced muscular exercise was made part of his treatment as soon as the patient was able to move about. The treatment consisted in the administration of two drachms liquor potassæ three times a day in a teaspoonful of milk, with drachm doses of fluid extract of *fucus vesiculosus*. He was restored to the use of his limbs, so that he could walk long distances and perform light labor.

#### Podophyllin in the Treatment of Hepatic Colic.

(*Gazette des Hôpitaux, Medical Record*.)—In a paper published a few months ago in *Lo Sperimentale*, Prof. Bufalini reported two cases of severe hepatic colic that were cured by the use of small daily doses of podophyllin. The first case was that of a woman, 45 years of age, who had suffered for a long time from violent attacks of hepatic colic. Her only relief was obtained from the use of active purgatives, which would cause the discharge of large calculi. An enteritis finally set in, which compelled her to stop the use of purgatives. Prof. Bufalini then ordered small doses of podophyllin (gr. one-sixth per diem), and both the hepatic colic and the intestinal

catarrh rapidly disappeared. The use of podophyllin was continued for a year, and during that time and the two years that have since elapsed, the colic did not return.

The second case was that of a young lady who had suffered for over two years from violent attacks of hepatic colic, and frequently passed calculi. All the usual methods of treatment had been tried without benefit, but the use of one-sixth of a grain of podophyllin per diem was soon followed by a cessation of the attacks, and gall stones were no longer passed. The use of podophyllin was after a time discontinued, and for eight months afterwards the health of the patient continued good; the attacks of colic then returned, and calculi were again found in the fæces, but on resumption of the treatment they disappeared almost immediately.

To these cases Dr. Mercadé adds that of a lady who suffered for a long time from intensely severe attacks of hepatic colic, that were repeated two or three times a month. He had been unable to do more than relieve her by injections of morphine. He finally ordered a small dose of podophyllin to be taken every night, and since the treatment was begun (two months ago) no attacks have been experienced. During the first fifteen days of this treatment the stools were examined, and several times were found to contain calculi.

#### Hydrobromic Acid and Sedative Doses of Quinine.

By B. M. BOYD, M. D., Ogdensburg, N. Y.

Having been using Hydrobromic Acid and Sedative doses of Quinine for the past six months in the treatment of Typhoid Fever, I have come to the conclusion that it is superior to any treatment that I have ever used. I generally commence by giving from v. to viij. grs. of Hydrarg Chlor. Mit. After the bowels have moved two or three times, I commence with the Acid and Quinine, i. e. : if the temperature is high—say 102 or 103—by giving a tablespoonful of the following medicine: Acid Hydrobromic, ℥ iss., Quinine Sulph. 3 i., Aquæ, ℥ iss. Of this mixture I give one tablespoonful every two hours until four doses are taken; if the temperature is not lowered from 12 to 14 hours after administering the first dose, I generally repeat the doses as above, until the temperature falls. I have given on an average from 20 to 30 grains a day, without the patient complaining of that abominable ringing noise in the ears. Have very seldom to administer opiates. Headache generally ceases after the patient is fully under the influence of the medicine, and does not return with proper diet and hygiene. I am confident that this treatment is ahead of any.

will in most instances materially diminish the pain of lancing the gums and of extraction. The patient should be cautioned against swallowing any of the fluid with the saliva. Sometimes the application will irritate the mucous membrane of the mouth.—*Louisville Medical News.*

#### Consumption a Disease of In-door Life.

Among the natives of Senegambia pulmonary affections are not only nearly, but absolutely unknown; yet a single year passed in the over-crowded man pens and steerage-hells of the slave-trader often sufficed to develop the disease in that most virulent form known as galloping consumption; and the brutal planters of the Spanish Antilles made a rule of never buying an imported negro before they had "tested his wind;" i. e. trotted him up hill and watched his respirations. If he proved to be a "roarer," as turf-men call it, they knew that the dungeon had done its work, and discounted his value accordingly. "If a perfectly sound man is imprisoned for life," says Baron d'Arblay, the Belgian philanthropist, "his lungs, as a rule, will first show symptoms of disease, and shorten his misery by a hectic decline, unless he should commit suicide." Our home statistics show that the percentage of deaths by consumption in each state bears an exact proportion to the greater or smaller number of inhabitants who follow in door occupations, and is highest in the factory districts of New England and the crowded cities of our central states. In Great Britain the rate increases with the latitude, and attains its maximum height in Glasgow, where, as Sir Charles Brodie remarks, windows are opened only one day for every two in Birmingham and every three and a half in London; but going farther north the percentage suddenly sinks from twenty-three to eleven, and even to six, if we cross the fifty-seventh parallel, which marks the boundary between the manufacturing counties of Central Scotland and the pastoral regions of the north. It is distressingly probable, then, to say the least, that consumption, that most fearful scourge of the human race, is not a "mysterious dispensation of providence," nor a "product of our outrageous climate," but the direct consequence of an outrageous violation of the physical laws of God.—*Louisville Med. News.*

#### Adulteration of Santonine.

A French chemist has noted a sample of santonine containing over 20 per cent. of boric acid. Pure santonine should dissolve entirely in chloroform.—*Chemist & Druggist.*

## Notes on Current Medical Practice and Opinions.

#### AMYL NITRITE IN PERTUSSIS.

The following lines appear in the November number of the Virginia Medical Monthly, published in Richmond, Va.:

"The very interesting paper by Dr. Geo. Bayles, of New York city, in our August number, has attracted a good deal of attention. As experience bearing on the subject will prove valuable, we extract the following from a private letter, dated September 7th, from Dr. Walter A. Newman, of Liberty Mills, Va.: 'In a very few days after reading the article, I was afforded an opportunity of trying the agent, and with all the success vouched for on the part of the author—relieving the spasms and diminishing their frequency. As to the cure, I cannot say. Instead of Quinine I am using Cinchonidia, which seems to answer the purpose.'"

#### POST-PARTUM HEMORRHAGE.

Dr. W. Handsel Griffiths, in the *Practitioner*, makes the following statement:

"It flashed across my mind, in the first case, to try the effect of the ether spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting the same treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and been informed by them that they are not aware that this treatment has been heretofore proposed." What is to hinder good results from following upon a similar application to the forehead and cervical region in *Epistaxis*?

#### PLASTIC EXUDATION THEORY.

Dr. James R. Leaming of New York, may be regarded as one of the most expert auscultators of the present day, and whose opinions it would be unsafe to dispute, when he plants himself upon the record of his diagnoses as verified by *post-mortem* conditions and appearances. He is lifting the veil of a new system of pathological doctrines relating to the pulmonary branch of diseases, and, as a matter of course, has the usual array of traditional fancies and time-honored fallacies brought forward to oppose him. Studious devotion to the investigation of truth, accepting nothing upon faith, but putting everything to the rigid test of unequivocal demonstration, is the characteristic of this earnest worker in the

field of pathology in which there is still much to learn. On Friday evening, November 16th, Dr. Leaming read a paper of superior merit, entitled "*Physical signs of Inter-Pleural Pathology*," before the New York Medical Journal Association. It was too full of interesting and co-relating facts to be treated advantageously by means of summary. This much may be said of his doctrine as presented by himself, viz.: that crepitant and sub-crepitant mucous, rales and ronchi relate solely to inter-pleural inflammation and exudation (which is of a plastic nature), when these sounds are heard in the region of the chest occupied by the lungs. They are not bronchial sounds, nor are they even rightly referred to the structural substance of the lungs. Centric pneumonia is never characterized by these crepitant mucous rales until the pleural surfaces are reached, and pleural exudation is accomplished.

#### THE FUNCTIONS OF THE SPLEEN.

Schiff, the physiologist says, that excision of the spleen has nothing more than a temporary influence on the absolute or relative quantity of the white or red globules of the blood, and whatever influences there may be observed are due to the operation and not to the absence of the spleen. After extirpation has taken place, there is rarely inflammation of the lymphatics or increase in volume of other glands. The so-called supplementary glands are not found, even if the animals be allowed to live a year and a-half, and even if the operation has been done during the first weeks of life.

The spleen appears to increase in volume from the fourth to the seventh hour of gastric digestion. During the digestion, or rather during gastric absorption, the spleen prepares the ferment, which, entering with the blood into the tissue of the pancreas, forms in this latter a special substance into pancreato-pepsine or trypsin, a material suited to digest albuminoid bodies, though it preserves its other digestive properties.

After removing the spleen, the matter destined to form the pancreato-pepsine accumulates in large quantity in the pancreas, and can still be transformed into pancreato-pepsine by those chemical influences which after death attend the commencement of putrefaction.

#### CARBOLATED CAMPHOR.

In the *Bulletin de Therapeutique*, M. Soulez describes the new preparation known as Carbolated Camphor, now becoming quite popular in European medical practice, on account of its tendency to produce diminution of reaction after severe operations, cessation or amelioration of pain and less abundant suppuration. It is made by dissolving 2-5 grammes of

powdered Camphor in one grain of Carbolic Acid—a solution of the strength of nine grammes to one gram of Alcohol, the solution being of an oleaginous consistency, pale yellow, smelling slightly of Camphor, but having none of the disagreeable odor of Carbolic Acid. It boils at a slightly elevated temperature without decomposing, and also by the addition of concentrated Alcohol, which throws down the Camphor in crystals; similarly if a boiling solution of Carbolated Camphor is poured into cold water it instantly solidifies. It is miscible in all proportions with Olive and Almond oils. Chemical examination shows that the Carbolic Acid and Camphor are not altered, and that they preserve all their properties in solution.

#### LAPORTE ON HYDROPHOBIA.

Several cases of hydrophobia have recently been reported in England, and as there is no country in the modern world where dogs are generally held in higher honor, these occurrences bring the warning *cave canem* home to the Briton, and as a consequence he writes letters to the *Times*. Among the many communications there is one from C. K. Laporte, a physician who has had experience in African travel, which is worth noting. He says that hydrophobia, so far as he is able to judge, is unknown in Africa. His theory is that the disease can only be broken up by inducing free perspiration. In a fatal case under his care repeated vapor baths failed to make the patient perspire. Since then, Dr. Laporte has received an account from a friend in China of the cure of a coolie in his employ, who had been bitten by a rabid dog, and sixty days afterward, showed unquestionable symptoms of hydrophobia. The medicine used was made by boiling a handful of the leaves of *datura stramonium* in a pint of water till half evaporated, and then straining through a linen cloth; it was administered in one dose, in spite of the struggle of the patient, who showed great aversion to swallowing any liquid. Before long, a violent paroxysm ensued, and copious perspiration was elicited; after this, the patient slept eight hours, and on waking was wholly free from hydrophobia symptoms. Such a dose would probably be a fatal poison to a healthy man.

#### DISEASES THAT MAY BE CHECKED.

Recent weekly health reports show a sudden and somewhat startling increase in the number of deaths by scarlet fever and diphtheria. These diseases are classed as contagious; they are, therefore, preventible if efficient sanitary regulation can be enforced. Also, that condition of the human system which renders it most liable to the attack of those diseases, is often due to inhaling habitually a vitiated



atmosphere, perhaps tainted with malaria or sewer gas. Hence, from another point of view, it appears that the prevalence of the diseases is due to neglect of sanitary precautions. These dangers are much enhanced by sudden changes in the weather, especially in temperature and humidity, and such changes are a usual feature of our climate at certain seasons of the year; the approach and the close of winter being in this respect most strongly marked. It follows that the most vigorous efforts need to be made at those periods of the year, by our sanitary authorities, if the diseases in question are to be kept down. The number of deaths from scarlet fever in New York city rose, comparing the week ending November 17th with its predecessor, from 25 to 59; an increase of 136 per cent. In Brooklyn a like comparison shows a much smaller increase—about 35 per cent. In respect to diphtheria in the same period, the increase in New York city was 16 per cent; in Brooklyn 41 per cent. As there is a recognized relation of character between the two diseases, and they sometimes attack a patient simultaneously, it will not be amiss to estimate them as if they were one. From that point of view, the increased loss of life for the cities named was 47 per cent. in one week. The increase in New York for the week ending November 24th was still greater, the deaths being very nearly double those of the week ending November 10th.

Of the 234 persons, mostly children, who died from these preventible diseases, the week above indicated in the two cities, it is certain that at least a hundred were the victims of a deficient sanitary management for which the civic governments are directly or indirectly responsible. Some of these lives were sacrificed to the dirty streets; in a general way the mortality of a city is proportional to its dirt. A student of statistics has recently investigated the causes of the varying death ratio of our different cities; he concludes, for instance, as to Chicago, that its excess of deaths is due to organic poisons in the air, emanating from slaughter-houses, glue factories, stagnant water, and like nuisances. There is never any question about these matters with people who have studied the figures; they always find the same form of equation: so much dirt equal to so many deaths. Filth may be equally pernicious, though invisible. The dangers of sewer gas, have been more widely recognized since it came near causing the death of England's Crown Prince. But typhoid fever is not the only disease to be feared where sewer gas penetrates. Dr. Stewart, the Brooklyn Registrar of Vital Statistics, has just announced a discovery which seems to be of significance. Dividing the year into quarters, he

finds that the summer record of deaths by scarlet fever gives only about half the average of the quarter preceding. In the first week of the summer quarter there were twelve deaths, in last week of the same quarter only three, but shortly afterwards the larger numbers are renewed. There is a jump in the statistics after the summer quarter is passed. It is certainly more than an accidental coincidence that this summer quarter; why the deaths are so few, in a period when the schools are closed; and that the increase of mortality begins shortly after the schools are opened in the Autumn, and continues until the next summer vacation. Dr. Stewart, believes that the fever is propagated in the schools; the figures point to that conclusion. The spread of the disease could doubtless be checked in part if stricter regulations were enforced to exclude pupils coming from families or homes where there is scarlet fever. If as much trouble were taken to isolate cases of that disease as there is taken with regard to yellow fever, it might be made almost equally rare; and the same is probably true of diphtheria. But such regulations can only be enforced under a strong pressure of public sentiments.

#### SIMPLE ULCER OF THE STOMACH

Prof. Lebert communicates to the *La Franco Médicale* an interesting article on the above subject derived from a considerable number of clinical cases. Among the many notable points presented we extract the following: "Simple ulcer of the stomach comes on sometimes without appreciable causes, sometimes under the influence of a general anaemic or or neuropathic conditions: hence the frequency of this lesion in chlorosis, which is often enough rather the effect than the cause. The principal clinical forms of simple ulcer, are: 1. The acute with perforation of the stomach, and fatal diffuse peritonitis. 2. The hemorrhagic form with severe hæmatomesis. 3. The scorbutic, which is a variety of the former. 4. The dyspeptic, resembling gastric catarrh, but more painful. 5. The gastralgic, with predominance of painful paroxysms. 6. The vomitive. 7. The cachectic, possibly simulating cancer. In this latter condition there may be stricture of the pylorus with dilatation of the stomach. Vomiting of fresh or blackish blood occurred in four-fifths of the cases, and was the cause of death in three and a-half per cent. of those observed at the clinic. Perforation of the stomach was the termination in three and a-half per cent. of the clinical cases, in the female chiefly between puberty and thirty, in the male after thirty.

This malady, even in its favorable terminations, has an average duration of from three to five years at the least. It may also be



latent, cicatrization and cure occurring almost without symptoms. Recurrence of the disease is not uncommon, but if there has been a long period of good health intervening, the progress is good."

In treatment Prof. Lebert has had the greatest success from a milk diet. There is no specific treatment, and attention must be directed towards the individual symptoms.

## MONTHLY SUMMARY.

### Hydrobromic Acid in Prescriptions.

In the Detroit Medical Journal for October Dewitt C. Wade, M. D., of Holly, Mich., who was one of the first to call attention to the therapeutical value of hydrobromic acid, gives the following formulæ for its employment.

His original formula, from which the first preparation was made, called by him "dilute hydrobromic acid," is as follows:

"Bromide of potassium.....grs. cxx;  
Crystallized tartaric acid...grs. cliij;  
Water.....fl. ʒ j.

"Dissolve the salt and then the acid in the water, and place in cold water for several hours, or until precipitation ceases, and decant. The results of the reaction are the formation of bitartrate of potassium (cream of tartar), which is nearly insoluble, and sufficiently pure hydrobromic acid diluted with water, each fluid drachm of which contains ten grains of bromine. By preserving this proportion any quantity can just as readily be made. For forty fluid ounces the following formula is exact enough for practical purposes:

"Bromide of potassium ʒ xTroy or ʒ xj avoird.;  
Cryst. tartaric acid ʒ xij½ Troy or ʒ xiv avoird.;  
Water.....fl. ʒ xl.

Proceed as before.—*Louisville Med. New.*

THE BARK OF RHAMNUS FRANGULA, which has recently been frequently recommended as a reliable cathartic, has been the subject of a curious observation by Dr. Lamm, of Stockholm. Finding that a bark required double or even treble the usual dose, he ascertained that it had been recently collected, and comparing it with a bark known to be three or four years old, obtained much better and prompter results with the latter. The inefficacy of the fresh bark may account for the disuse into which *Rhamnus Frangula* has occasionally fallen. Fristedt mentions (1873) that the recent bark produces colic and vomiting, and the last edition of the Norwegian "Pharmacopœia" requires the bark to be kept for one year before it is used medicinally.—*Chemist & Druggist.*

### The Hypnotic Action of Lactic Acid.

Dr. Preyer, of Jena, some time ago advanced a theory to explain the physiological cause of sleep. He believes that natural sleep is caused by the accumulation in the blood of the products of muscular work. One of these products is lactic acid, and it is universally acknowledged that lactates do accumulate in the blood in the proportion that fatigue increases. Several series of experiments have been made to test this theory. The latest is described in a recent number of the *Medical Examiner*. Dr. von Böttcher, of Jena, administered lactate of sodium by the mouth to 23 patients on 60 occasions, every precaution being taken to eliminate sources of error. On 21 occasions a decided hypnotic effect was the result shown in nine cases by a profound slumber which lasted until the patient was roused. In the remaining 12 cases the symptoms observed were yawning and tendency to sleep, languor and relaxation, and a general look of fatigue, lasting for several hours. Dr. Böttcher, experimenting on himself, found that the lactate produced on the day following its administration a sensation of extreme fatigue in the lower extremities, like that produced by prolonged exertion. The 29 cases in which the hypnotic effect was not produced cannot yet be explained. Still as the experiments were performed in hospital wards, it is quite possible that some unavoidable cause of excitement was present which counteracted the effect of the drug.—*Chemist & Druggist.*

### Quinine Eruptions.

Several cases are reported in the medical journals in which more or less severe eruptions have followed the administration of small doses of quinine. In one case a powerfully built woman was seized with symptoms closely resembling scarlet fever after taking 3½ grains. So closely did the eruption resemble fever that the quinine treatment was continued for eight days, during which the symptoms rather increased than diminished. The fever was high and persistent, and the prostration great. On two other occasions the same symptoms were reproduced in the patient by 1½ grains of the alkoid. Four other distinct cases are mentioned in which similar results were produced.—*Chemist & Druggist.*

### Mesler's Tape-Worm Bolus. (*Bolus tæniifugi*, Mosler)

Florum cusso, 30 grammes; kamalæ, 15 grammes; ext. filicis liquidum, 4 grammes; mellis, q. s. Mix and divide into 60 boluses, which may be sprinkled over with powdered cinnamon, and of which 30 should be taken in the evening, and 10 or 20 more the following morning.—*Chemist & Druggist.*

**A New Battery.**

The *Boston Journal of Chemistry* says that an Italian professor has devised a new battery, based on a fact forgotten hitherto, though known to science—that of the dissolving of zinc in a solution of sulphurous acid, without the least development of hydrogen. His battery, made on this principle, is said to act excellently, and to give a very strong current. The inventor calls attention to a curious phenomenon observed in the course of his experiments. When the zinc plate is immersed, either in a solution of sulphurous acid or in one of bisulphite of potash and soda, the liquid is observed to lose colour at first, then become for a few seconds of the same colour as a solution of bichromate of potash; this coloration commences at the zinc, and is diffused through the mass, as if absolutely independent. No salts of zinc are known to give such a colour.

**Heat of the Brain.**

The *Lancet* tells us that M. Broca has recently laid before the French Medical Association some curious facts concerning the temperature of different parts of the skull. By numerous experiments he has found that while at rest the temperature of the surface of the head is  $2^{\circ}$  Fahr. higher on the left side than on the right. When the brain is active, equilibrium is established. When continuous but moderate mental effort has been maintained for ten minutes the temperature is raised about  $1^{\circ}$  Fahr. The temperature of the frontal temporal and occipital regions of the skull are also different, that of the frontal region being more than  $4^{\circ}$  Fahr. higher than that of the occipital.—*Chemist and Druggist*.

**Freckles.**

Take of finely powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts; mix well together by trituration. This has been found efficacious as a local application against freckles, and other slight skin diseases.—*Chemist & Druggist*.

**Powder for making Ink Disappear.**

Take of alum, amber, sulphur, saltpetre, each, in fine powder, one part; mix. This forms an excellent mixture for the removal of ink-spots and writing on paper.—*Chemist & Druggist*.

**LOCAL ANÆSTHETIC FOR GUMS.**

B Tinct. aconiti rad .....	} aa fl. 3 j.
Tinct. opii .....	
Chloroformum. ....	
Alcoholis .....	

Mix, and apply to the gums on cotton or sponge until they whiten. This preparation

**EDITORIAL.****Our Journal.**

Our Journal has now reached a circulation double that of any metropolitan journal published, and for 1878 will reach a circulation of 30,000 each month. We shall give reports of interesting lectures, hospital and clinical practice; indeed, embrace in its pages everything that will be useful to a physician in daily practice. New remedies having intrinsic value will be noticed in its pages, with such information as will enable a physician to judge and administer intelligently.

We append a few complimentary letters from many received.

Extract from letter of R. W. Jones, M. D., West Blue Mounds, Wis., Nov. 24, '77.

"I am well pleased with the "Journal" always good, and each number better than the last. In daily practice it is really worth more to me, than the four other (excellent) journals I receive."

Extract from letter of H. C. Snitcher, M. D., Wilmington, Del., Dec. 14, 1877.

"Your Journal of *Materia Medica*, permit me to say, contains many valuable suggestions to a practitioner of medicine."

Extract from letter of C. W. Wamack, M. D., Chapel Hill, Marshall Co., Tenn., Dec. 17, '77.

"Continue to send me your most valuable Journal, (*Journal of Met. Therap.*) I cannot do without it. I expect to be a life-time subscriber."

Extract from letter of L. L. Crawford, M. D., Columbus Grove, O., Dec. 7th, 1877.

"Also state when my term is out and I will renew again, from the fact that I think more of your Journal, than of any Medical Journal I have ever taken."

Extract from letter of W. M. Rodman, M. D., Iroquois, Scott Co., Ind., Dec. 20, '77.

"I wish to say that I have been a subscriber to the *Journal of Materia Medica* since 1861, and consider it the most valuable journal of its class, and I feel that I cannot do without it."

Letter from W. E. Vermilye, M. D., Pittsfield, Mass., Dec. 13, 1877.

The Pittsfield Medical Association, consisting of the "regular" practitioners in town, circulate among themselves about fifty dollars worth of Medical Journals. At our annual meeting, held last evening, it was unanimously resolved "that Tilden's Journal of Materia Medica be added to our list for 1878."

Will you therefore send us a copy of your valuable journal during next year, directed to me, as also your bill for subscription to the same.

#### Notes in Practice.

By M. M. BROWN, M. D., Ithaca, N. Y.,

*Editor Journal Materia Medica:*

DEAR SIR.—I have been a reader of the valuable Journal published by you, and have always felt like saying so publicly, but have deferred it till now, hoping at this late day I may be allowed to thus publicly express my gratitude to you for disseminating so much valuable knowledge to the medical profession at large. Tilden's Elixir of Iodo, has no equal as an alterative in all depraved conditions of the blood. I have made wonderful cures with it, viz: Otorrhoea following Scarlatina, Secondary Syphilis, Ulcers in the mouth, throat, upon the legs; varicose ulcers, sores upon the resembling Epithelial Cancer, Rheumatism, profuse Ophthalmia, &c., &c. The articles on "Protagon" and "Glycerite of Kepheline" are very welcome to the profession, and I have no doubt from the use of the former, and my experience with vitalized phosphates, that we shall be able now, to much more surely and speedily effect cures, where phosphorus compounds are required. The American nation is no doubt as liable to enervation as any people on the face of the globe, unless it be the French. We eat like a race horse runs; we do business more rapidly than the English or German people; we read the daily news with one hand, while we load our stomachs with the other, all in fifteen minutes; then with a bound we get up from the table and run away to our stores, offices, or places of business, in such haste, one would think our very existence depended upon crowding two days' work into one. Thus men overwork, and bring upon themselves nervous debility, not only bringing suffering, short life and misery upon themselves, but entailing upon their offspring, effeminacy and imperfectly organized textures. These facts seem to warrant and even demand remedies to restore wasted life. I am glad scientific medical men are "jumping into the chasm." The Lectures on Diseases of the Heart, by Austin Flint, M. D.,

which you so thoughtfully published, seem to me to be the plainest, most understandable, most readable and most valuable lectures on the subject I ever read. The above adjectives do not begin to express my good opinion of the author's effort.

I wish in conclusion, to mention some interesting surgical cases in my own practice.

The first—of a laborer, who was thrown from a load of bales of hay upon the railroad track, he falling upon the ball of his right foot, immediately fainting and falling heavily backward. When I was called to attend him I found a dislocation of the middle cuneiform bone, and some displacement (slight) of the external. Under the influence of Chloric Ether the bones were replaced by proper manipulation and extension. He was lame for several months, and still favors the wounded foot. I mention this case as it is the third one, or perhaps the fourth one recorded. Dr. Welder of Elmira, now deceased, had one case like it; the others are recorded by Sir Astley Cooper.

Second.—Some weeks ago I was called in consultation to see what could be done for a Bostonian, stopping at the Ithaca Hotel, who was suffering from a strangulated hernia, as the attending physician stated. I made careful examination, but could not find any tumor in the inguinal region. I did not know but a hernia had existed, and Dr. W.—had replaced all but a little knot of omentum, or that in the efforts at taxis the doctor and assistants, had made him so tender that he thought the hernia was still a matter of fact.

I told the patient if any thing else was to be reduced it must needs be his testicles, as there seemed nothing else left to put up. "Oh! oh! deah; deah; (the last words decidedly Bostonian), nits it is then, Doctor, I must get relief or die." So with the patient's help I pushed up the testicles, and at once he exclaimed, "now I am all right; that is where I wear 'em, Doctor—where I have always wore 'em, except on such occasions as this." As I never read of a case like this one, nor ever heard of one, I hope it will interest all who may read about it. It is possible the young man from Down East may find himself in trouble again, and may chance to call a physician who has read of his case, and will forthwith proceed to reduce the testicles as a matter of fact.

Extract from letter of Dr. H. S. Herrick, Hamilton, Nev., Nov. 30, 1877.

"I have used the Bromo-Chloralum very extensively as a disinfectant, and find it quite as effectual, and from its inodorous nature far more agreeable, than Carbolic Acid."

**A case of Emphyema Sarcoma Mammarum  
Treated with Elixir Iodo-Bromide  
Calcium Comp.**

BY DR. S. R. NISSELY, FORMERLY OF PEMBERTON, O.

The patient, Mrs. T. of Cincinnati, O., requested me to meet her medical attendant in consultation, in reference to her case. The history of her case, elicited at my first interview, is briefly and substantially as follows. She remarked, "I am thirty-five years of age and the mother of five children, and had advanced to the sixth month of utero-gestation, when from some inexplorable cause to myself and medical attendant, I was suddenly seized with throes of violent labor pains, which speedily terminated in abortion." I found her very much emaciated, laboring under great nervous excitement, bowels constipated, appetite poor, urine scanty and high colored, with lateritious deposits, pulse very rapid and small, often could not be counted; heart's action felt over a large area; breathing labored, with a well-marked cancerous cachexia of hereditary origin. On examination of affected mammary gland, I found it very much swollen and inflamed, with hard and indurated nodosities scattered promiscuously over its surface; exceedingly sensitive, so much so, that the most delicate touch would induce excruciating pain.

The mammary gland had assumed about triple its normal size, with a large lateral opening, from which was issuing a foetid and ichorous discharge. She informed me, that some six months ago she was advised to wean her nursing child, which she did, and as a natural sequela the lacteal secretion soon accumulated in quantity, distending the breast, with a feeling of weight and pain that soon became intolerable.

Seeking advice, she was ordered to apply various emollient cataplasms as a discutient. With the hope of scattering and drying up the lacteal secretion, and thereby effecting resolution of the abnormal gland, she persisted in this course of treatment for several weeks without any relief—in fact only finding herself worse—with inflammatory action of the breast unabated. At this juncture of the case a medical gentleman was consulted in regard to the case, who made a lateral opening in the breast; and when I saw the patient the *introitus* would have readily admitted the introduction of a large sized pea with everted edges protruding from the orifice, with an exuberant exorescence—strongly resembling in appearance, a cerebral substance, with a foetid and very offensive discharge. My advice to the patient was to submit to an operation—extirpating the breast, to which she was strenuously opposed.

preferring death in lieu of any surgical intervention. I finally persuaded her to allow me to open the most dependent portion of the breast, which was followed by a copious discharge of pus and a rapid diminution in size, of the mammary tumor; I injected a solution of Iodo-Bromide Calcium Comp. properly diluted, into the lateral opening, which soon passed out at the opening I had just made. I ordered this operation to be repeated thrice daily, with instructions that the current of the syringe be forced in very slowly to allow it to pass into the sinuosities of the passage through the gland. In the course of two weeks, the lateral opening closed up and covered with a healthy cicatrix, and in the course of a fortnight, the other opening was healed up with an umbilicated cicatrix. In conjunction with this topical dressing, I ordered Elix. Iodo-Bromide; teaspoonful every 3 hours. Her health is very much improved, and she feels herself under many obligations, for the marvelous results achieved by the Iodo in her case. I ordered her, some time ago to abandon or discontinue the use of the medicine, which she did for two weeks. She soon experienced a painful sensation in the breast, becoming inflamed with recrudescences about the cicatrix; she resorted again to the use of the Iodo which soon relieved her of all her fears. If the Iodo should fail to effect a permanent cure in this case, I am confident it is capable of arresting the cancerous elements, from centralizing upon any particular part of the economy. I have prescribed the remedy so frequently, in cases of a scrofulous and cancerous diathesis of the system, that if we have anything like a specific in those diseases, especially in the shape of an efficient alterative, this preparation of the Iodo—should receive, yes, merit our highest consideration and laudation, for the excellent results that have followed its judicious exhibition.

Letter from Dr. J. W. TRUEWORTHY, Emporia, Kansas.

"Your Iodo-Bromide of Calcium Comp. has proved in my hands all you claim for it; and more particular in one case of "Purpura Hemorrhagica" that had resisted all other treatment for nearly one year, by several good physicians, was entirely cured by the use of your Elix. Iodo-Bro. Cal. Comp., in about 12 weeks.

The little girl commenced to improve soon after taking the medicine, and I am confident that her recovery was due to the Elix. Iodo.

I am constantly using the Elixir Iodo in my practice and find it invaluable in all cases of a scrofulous diathesis."

Letter from William GOVAN, M. D., Stony Point, N. Y., December 5th, 1877.

GENTS:—I find much satisfaction and success in the use of your "Firwein" in cases of pneumonia and chronic bronchitis, also in the use of Elixir Iodo-Bromide of Calcium Comp. in tumors. Have cured a case of enlarged tumor on the neck of a young lady, who was told by a former medical attendant that extirpation by the knife was the only means of saving her life.

Was called June 8, 1875, to see Miss M—, aged 20 years, who was suffering great anxiety, and at times a good deal of pain, on account of a tumor on the right of her neck, involving the sterno-mastoid muscle and the external carotid artery, and appeared of a fibroid character. The tumor had been growing larger for some months, and the young lady had consulted several physicians about her cure. The last one, a celebrated surgeon of New York city, had advised her that her only hope of life, was in having the tumor extirpated with the knife. This she was unwilling to have done if anything else could be done. At this stage of the case I was called to see her. I found the tumor hard and painful on pressure. Having tested the beneficial effects of "Tilden's Elixir Iodo-Bromide of Calcium Comp." in some similar cases, I prescribed it to the patient, telling her she must not be discouraged if she did not find any immediate benefit from its use. By my advice she persevered and continued the use of the Elixir for twelve months. At the end of three months the tumor began to decrease, instead of growing larger, and at the end of nine months had almost disappeared, and at the present time is hardly felt by the touch; remaining so for the last year. The disagreeable appearance on the lady's neck has been removed. The patient seems now to have a good hope of life although the tumor was not "cut out." No other medicine was taken by the patient except as above mentioned. This I consider a decided success, and a great cure resulting from the use of the Elixir.

*This is what the oldest Druggist between Gale-  
na and St. Paul says:*

La Crosse, Wis., Dec. 6th, 1877.

GENTS—I can't commend your preparations too highly. I have sold for a long time your Elixir Iodo-Bromide of Calcium Comp., Firwein, and Bromo. The most eminent Physicians of this place and surrounding country use them with great confidence, and results have never disappointed them. I may say the same for your Fluid Extracts, Pills, and other preparations. In this part of the country "Tilden" is a household word.

Yours truly, GEO. HOWARD.

Extract from letter of H. C. Snitcher, M. D., Wilmington, Del., Dec. 14, '77.

"I can heartily endorse your "Elixir Iodo"—Its results are most gratifying in all cases of indolent ulcers, and also in syphilitic affections. I have had recently under treatment, a case of Secondary Syphilis, in which I had exhausted the Materia Medica and my patient's patience as well, and all to no purpose. As a last resort, I determined to test the efficacy of the "Iodo," and by its use succeeded in producing a complete and radical cure."

Extract from letter of J. STEVENS, M. D., Veazie, Penobscot Co., Mo., Dec. 31, 1877.

"I have used your preparations of Iodo, Firwein and Bromo-Chloralum very extensively in my practice, and always with excellent results; in fact I could not well do without them. I also find your Fluid Extracts reliable and uniform."

#### Firwein.

Extract from letter of F. W. Eperry, M. D., New Richmond, Wis., Dec. 17, '77.

"I have been using your preparation "Firwein", with most gratifying results in Chronic Bronchitis, and in certain forms of asthma, combined in the latter disease with Syr. Scilla Com., in the proportion of one part of Syr. to four of the Firwein."

Extract from letter of J. W. Unger, M. D., Sharon, Miss., Nov. 24, '77.

"I have been using Tilden's Firwein in a number of cases of Consumption, and from the benefit derived, am constrained to believe, that, if commenced sufficiently early, many lives might be saved from a premature grave."

#### Diphtherine.

Extract from letter from A. C. ROBINSON, M. D., Dispensary Physician, St. Louis, Mo., Jan. 4, 1878.

GENTLEMEN—Through kindness of Mr. Weber, who presented me with samples of your Diphtherine, I was induced to give it a trial. It gave most gratifying results. I can not but express my conviction that as a remedial agent it is destined to achieve good results.

Extract from letter from Dr. Wm. Porter, St. Louis, Jan. 4, 1878.

Diphtherine has, I think, been of use to me. Chlorine has long been a favorite remedy with the profession in the treatment of diphtheria, and Chlorate of Potassium (partly on account of the oxygen) is much used. In this preparation you have both chlorine and oxygen. Where these agents are indicated, Diphtherine is the best combination I have tried.

**GENTS.**—During my visits through New Hampshire I found the Diphtherine used successfully. I met one case of a prominent medical officer who had been cured of an ulcerated tongue by it, which had resisted usual remedies. In sore mouth of all kinds it works admirably. I met with some instances of its use in ulcerated stomach and bowels, with excellent results.

#### Diphtherine Lozenges.

Extract from a letter from J. H. PUTNAM, M. D., Rutland, Vt., January 10, 1878.

"I have given the Diphtherine Lozenges a trial, and without hesitation pronounce them a reliable article, and very convenient for administration. My object in sending for them was to get something I could give to children without trouble. I have several cases of Diphtheria under treatment, and wherever I go I am asked what the children can take to prevent Diphtheria. I prescribe these lozenges, and they take them so nicely—often calling for more—that I am pleased with them. I believe they possess substantial virtues.

I have used the DIPHTHERINE LOZENGES; they relieve all throat difficulties at once.

#### Liquirizina.

##### EXTRACTS FROM LETTERS.

"Send me four ounces by mail of your LIQUIRIZINA; it is splendid. Sample sent me was very acceptable."

"I can now overcome all the objections of patients to Quinine, with your admirable LIQUIRIZINA."

#### Malt.

"Your PURE MALT is worth having. I have used all kinds, never had much faith in it till I got hold of yours."

"Your MALT is as light and darkness, it's a pleasure to give it; patients like it. What I have used was black, tar-like, molasses taste. This, like all your preparations, is just as it should be."

"Send me a five pound bottle of MALT EXT. PURE, for yours is pure, and our physicians are glad to get it."

"Forward by Express immediately one dozen PURE EXTRACT MALT plain; one Physician is so well pleased with it he is in a hurry."

#### Sugar-Coated Pills.

I was in a drug store the other day and the solubility of sugar-coated pills came up, when the several kinds were tried. Suffice it to say

the coating on yours came off in water at 68 in *four minutes*; others, *four and a-half, seven, eight, and nine minutes*. Gelatin coated required twenty minutes. Your pills had been longest in the store, and the water was perfectly clear, while others were turbid, showing yours to be pure sugar-coating; the others had some admixture to make them hard. Yours,

J. M. L., M. D.

#### Tilden & Co.'s Syrup Alternative in Treatment of Syphilis.

We suppress for obvious reasons the name and residence of the correspondent who sends us the following letter:

Messrs. TILDEN & Co.

SIRS.—I have been taking your Syrup Alternative for Syphilis of ten years standing, having during these many years tried many remedies, all to no purpose. I am now more free from its effects than I have been at any time during the last ten years, and greatly improved in strength, and think I would entirely recover if I continue to use your Syrup Alternative.

I am determined to give it a fair test, so you will greatly oblige your long suffering patient if you will, as early as convenient, forward me one-half dozen bottles of the above named medicine.

#### PHYSICIANS DIARY 1878.

The demand for this popular publication has been so far in excess of our anticipation, that the first edition is already exhausted. We are now printing a second edition, which will be ready for issue Jan'y 25th. This fact will explain any apparent delay in filling orders received since 10th inst.

We append the following letter as a specimen of many that are being daily received.

Tecumseh, Mich., Jan. 8th 1878.

Gents:—The "Physicians Diary" is this day received. The "Diary" I think is far ahead of any I ever saw. (and I have used several kinds); it is very complete in every way, and I hope you will continue its publication.

I would like a specimen copy of the "Journal of Materia Medica" for this year.

I am yours truly, C. M. WOODWARD, M. D.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

THE  
**JOURNAL OF MATERIA MEDICA,**  
A Monthly Journal Devoted to  
**MATERIA MEDICA, PHARMACY, CHEMISTRY,**  
**AND NEW REMEDIES.**

New Series.]

February 15, 1878.

[Vol. XVII.—No. 2.

**MEDICAL SOCIETY OF THE STATE  
OF NEW YORK.**

*Seventy-Second Annual Meeting.*

HELD IN ALBANY, JANUARY 15, 16, AND 17, 1878.

TUESDAY, JANUARY 15TH.—FIRST DAY.—  
MORNING SESSION.

The Society met, pursuant to adjournment, in Albany, at 11 o'clock A. M., and was called to order by the Vice-President, DR. A. L. SAUNDERS, of Madison County.

Prayer was offered by REV. RUFUS W. CLARK, D. D.

VICE-PRESIDENT SAUNDERS alluded to the fact that circumstances had developed which rendered it necessary for him to discharge the duties of President. On the 20th of December he learned from Dr. Jenkins, the President-elect, that he would be unable to attend the present meeting. In the intervening time he had been unable to prepare any address. He would state, however, that the profession continued to advance both in this and other States. It was his earnest hope that whatever mistakes might have been in the past should be met manfully, and in a manner becoming the medical profession.

COMMITTEE ON CREDENTIALS.

DR. SAUNDERS then announced the Committee on Credentials, as follows: Drs N. C. Husted, E. H. Lyman, and H. N. Porter.

The SECRETARY read a communication from Dr. Jenkins, in which he expressed his appreciation of the honor conferred in electing him as the presiding officer of the Society, but declined the acceptance of the office.

DR. PORTER, of Albany, the Treasurer, presented a communication from Dr. Jenkins, transmitting his check for \$25 as a donation to the treasury of the Society.

The letter containing the declination of Dr. Jenkins was received and ordered to be placed on file.

The check was received with thanks, and its accompanying letter ordered to be placed upon record.

ANNOUNCEMENT OF COMMITTEES.

THE VICE-PRESIDENT then announced the following committees:

For *Committee on Arrangements*.—Dr. Wm. H. Bailey, Dr. Wm. Manlius Smith, and Dr. J. N. Northrop.

For *Business Committee*.—Wm. C. Wey, and D. B. St. John Roosa.

DR. C. H. PORTER offered a series of resolutions to the effect that only delegates and permanent members, who had registered and paid their dues, should be permitted to vote for members of the Nominating Committee in the several Senatorial district caucuses; that each caucus select a Chairman and a Secretary, and that each Chairman should report the result of the caucus to the Society in writing. The resolutions were adopted.

A recess was then taken to enable the Committee to arrange the order of business.

On reconvening, after a lapse of twenty minutes, DR. BAILEY, Chairman of the Committee on Arrangements, reported the following members by invitation: Drs. G. T. Stevens, Wm. H. Murray, John Thompson, E. Van Slyke, D. H. Cook, and W. L. Purple, of Albany; A. E. McDonald, of New York; P. B. Collier, of Valatie; and Wm. D. Lamb, of Lawrence, Mass., Delegate from the Massachusetts State Medical Society.

COMMITTEE ON ETHICS.

THE VICE-PRESIDENT then announced the following Committee on Ethics: Drs. William C. Wey, D. B. St. John Roosa, and James Chapman.

The Chairman of the Business Committee, then made some remarks as to the legality of the present meeting.

DR. GOULEY moved that the matter be referred to the Business Committee, with power. The motion was carried.

DUDLEY OBSERVATORY.

An invitation was received from the Directors of the Dudley Observatory, requesting the Society to visit that institution. The invitation was accepted with thanks, and between 7½ and 8½ o'clock Wednesday evening fixed upon as the time.

## LAW REGULATING FEES FOR EXPERT TESTIMONY.

DR. DIMON, of Cayuga Co., asked the advice of the Society as to the proposition to secure the passage of a law giving proper compensation to medical experts when summoned as witnesses.

The matter was referred to the Business Committee.

## DIPLOMA CONFERRED.

The Business Committee announced a communication from the Censors of the Western District, with reference to granting a diploma to ALPHONSE DAGENAIS.

DR. C. M. ALLIN, of New York, moved that a diploma be granted in accordance with the unanimous recommendation of the Censors, and that it be signed by the Vice-President and the Secretary. Carried.

The Society then adjourned, to meet at 3 P. M.

## FIRST DAY.—AFTERNOON SESSION.

The Society was called to order at 3 P. M. by the Vice-President.

## COMMUNICATIONS FROM COUNTY SOCIETIES.

Under this head DR. H. G. PIFFARD, of New York, presented a communication from the Medical Society of the County of New York, making inquiry with reference to the meaning of certain sections of the Code.

On motion, made by DR. C. M. ALLIN, of New York, the communication was referred to the Committee on Ethics.

## REPORT OF COMMITTEE ON PUBLICATION.

The report of the Committee on Publication was read and adopted. Among the recommendations made by the Committee were the following:

That the amount charged for the Transactions be the publisher's price until the volumes were four or more years old, when, if more than 100 copies remained unsold, they might be disposed of at fifty cents per volume; that when such editions were reduced below 100 copies the prices should be raised to one dollar; that each county society should be required to take annually a number of copies equal to five times the number of delegates such county society sends to the State Medical Society; and that the dues of permanent members and delegates should be paid at the beginning of the year.

## COMMITTEE ON NOMINATION.

*For First District*—Dr. J. W. S. Gouley, of New York County.

*For Second District*—Dr. D. Guernsey, of Dutchess County.

*For Third District*—Dr. H. M. Barton, of Rensselaer County.

*For Fourth District*—Dr. E. D. Ferguson, of Essex County.

*For Fifth District*—Dr. G. W. Cook, of Otsego County.

*For Sixth District*—Dr. J. H. Chittenden, of Broome County.

*For Seventh District*—Dr. Theodore Dimon, of Cayuga County.

*For Eighth District*—Dr. James Chapman, of Orleans County.

Reading of papers being next in order, DR. EUGENE BEACH, of Gloversville, reported a case of

## PUNCTURED WOUND OF THE STOMACH, WITH RECOVERY.

The wound was two inches below the point of the sternum and almost exactly in the median line. There were marked symptoms of collapse, the patient vomited blood and also passed blood by stool.

Two weeks after the occurrence of the accident the patient was up, and at the end of two months appeared entirely well. He had previously been a strong and healthy man.

DR. A. McLANE HAMILTON presented a CONTRIBUTION TO THE STUDY OF AUDITORY EPILEPSY.

An illustrative case was reported. The paper will be published in a subsequent number of the RECORD.

It was discussed by Dr. Roosa, of New York.

## PENILE FISTULÆ IN THE ANTE-SCROTAL REGION.

DR. ROBERT F. WEIR, of New York, read a brief paper upon the above subject, and illustrated it with colored plates.

The history of a successful operation was reported.

DR. GEORGE BAYLES, of New York, presented

## A CLINICAL OBSERVATION RELATING TO VACCINATION DURING ATTACKS OF PERTUSSIS.

The conclusion reached was that vaccination exerted a favorable modification upon whooping cough.

DR. CROLYN, of Buffalo, remarked that the influence of vaccination upon the course of pertussis had long been recognized, and that he had resorted more or less to it in the treatment of uncomplicated cases during the last thirty years.

## REGISTRATION OF VITAL STATISTICS, AND METHODS TO BE ADOPTED TO SECURE DESIRED RESULTS

DR. ELISHA HARRIS, of New York, read a paper relating to records of mortality and prevailing diseases. The paper was discussed by Drs. Farbeck, and Harris.

DR. WM. H. BAILEY, Chairman of the Committee on Arrangements, announced the following members by invitation: Drs. Maurice J. Lewi, C. S. Merrill, V. O'Leary, G. H. Newcomb, S. B. Ward, W. G. Tucker, Amos Fow-



ler, J. B. Stonehouse, and Louis Balch, of Albany; Dr. H. H. Beecher, of Norwich, Chenango Co.; Dr. Chas. Hammon, of Schenectady; Drs. A. W. Shiland and R. H. Sabin, of West Troy; Dr. A. J. Long, of Whitehall, and Dr. A. W. Tupper, of Granville, Washington Co.; Dr. C. W. Adams, of Middleville, Herkimer Co.; Dr. E. W. Carmichael, of Sand Lake, Rensselaer Co.; Dr. Chas. E. Willard, of Catskill; Dr. S. F. Greene, of Coxsackie; Dr. Wm. T. White, of New York. The Society then adjourned, to meet at 8 P. M.

#### FIRST DAY.—EVENING SESSION.

The Society was called to order at 8 P. M. by the Vice-President.

#### REPORT OF THE WORKINGS OF THE INTERNATIONAL CONGRESS HELD AT GENEVA IN 1877.

DR. E. SEGUIN, of New York, presented, by invitation, the claims of priority of the American physicians in the movement for the introduction of more uniformity in physic and in pharmacy, and the culmination of this movement in the nomination of an international commission, to whose members all progress of the question must be communicated. Of the seven commissioners chosen, two are American, two French, one Swiss, another Norwegian; the secretary is Belgian; the president is a professor of surgery of Turin. It was to be hoped that the spirit of the commission would be truly international and progressive, and the American members were determined to give the claim of their compatriots all the prominence it deserves before the International Medical Congress of 1879, which will meet in Amsterdam. The remarks and narrative of Dr. E. Seguin were received with the same earnestness with which he made them.

#### REPORT ON THE ANTISEPTIC SYSTEM.

DR. STEPHEN SMITH, of New York, made a report regarding the use of antiseptics in surgery after Lister's plan, and reported several cases.

The paper was discussed by Drs. Weir, of New York, Hutchinson of Brooklyn, Minor, of New York, Chapman of Orleans Co., Wolcott, of Utica, and Cronyn, of Buffalo.

The discussion took the usual routine, and cases were cited in which remarkable recoveries had taken place without the use of the antiseptic system in its details.

#### RECEPTION AT THE DELAVAN HOUSE.

An invitation was extended to the State Medical Society, by the Albany County Medical Society, to attend a reception at the Delavan House, Wednesday evening, at 9 o'clock.

The invitation was formally accepted by

the Society, after which an adjournment was made, to meet on Wednesday, at 10 A. M.

#### WEDNESDAY, JANUARY 16TH—SECOND DAY—MORNING SESSION.

The Society was called to order at 10 A. M. by Vice-President Saunders. Prayer was offered by the Rev. John McClellan Holmes, D. D. The minutes of the previous day were read and approved.

#### MEMBERS BY INVITATION.

DR. BAILEY, Chairman of the Committee on Arrangements, announced the following names of members by invitation: Drs. O. D. Ball, E. B. Tefft, Harriet A. Woodward, R. J. Bullock, of Albany; Dr. Maurice Perkins, of Schenectady; and Dr. Meigs Case, of Oneonta.

Dr. J. G. RICHARDSON, of Philadelphia, was introduced as delegate from the Pennsylvania State Medical Society, and made an appropriate response.

#### THE GOVERNOR'S RECEPTION.

DR. BAILEY also announced that Governor Robinson had expressed a desire to see such of the members of the Society as might be pleased to favor him with a call on this, the regular evening in the week for his receptions.

#### REPORT OF TREASURER.

DR. PORTER presented his report, which was referred to an auditing committee, composed of Drs. Govan, of Rockland Co., and Burr, of Broome Co.

The report showed that the finances of the Society were not in the most favorable condition, and a delegate remarked that the sooner the members and delegates found it out the better. Unfortunately, the receipts from the sale of the Transactions did not meet the expense of publication. It was hoped, however, that the provision made with reference to the disposal of books hereafter might replenish the treasury in a satisfactory manner, as far as the publication of the Transactions was concerned.

The Librarian's report was read by the Treasurer.

#### REPORT OF COMMITTEE ON ETHICS.

DR. WEY, Chairman of the committee, reported upon the communication sent up from the New York County Medical Society, to the effect that Sections 3 and 4 of Article 1, "On the duties for the support of professional character," and also Section 1 of Article 4, "Of the duties of physicians in regard to consultations," was so clear and explicit that they required no special explanation, and therefore the committee was disinclined to offer any comment, inasmuch as there was no specific violation mentioned; and the county

societies were clothed with ample power to require submission, to settle all individual relations with its members, and to inflict salutary censure and penalty. From the action of county societies an appeal might be made to the State Medical Society. The report was unanimous.

On motion, the report was, without discussion, accepted and adopted.

#### CODIFICATION OF THE BY-LAWS.

The report of Dr. HUTCHINS, of Brooklyn, who was unavoidably absent, was read by Dr. Hutchinson, of Brooklyn. It was accepted and adopted, and will appear in the next volume of Transactions.

#### CHANGE OF TIME FOR HOLDING THE ANNUAL MEETING—PROGRAMME FOR CORRECTING THE ERROR MADE WITH REFERENCE TO HOLDING THE PRESENT MEETING.

The Business Committee reported that it was desirable to retrace and correct steps made in error relative to the present meeting, and offered resolutions to the effect, (1.) That this meeting, commencing January 15, 1878, is hereby declared to be an adjourned meeting, from June, 1877; (2.) That an annual meeting be held in Albany on the date for holding the next annual meeting—the third Tuesday in June, 1878—when by a quorum, consisting of the presiding officer of this meeting, the Secretary, the Treasurer, and twelve other permanent members or delegates, the transactions of the present meeting shall be ratified.

The report and resolutions were unanimously adopted.

The Business Committee then reported a resolution making provision for changing the time of holding the annual meeting of the Society to the first Tuesday in February. Dr. Goff, of Madison Co., offered an amendment that the annual meeting be held on the third Tuesday of January. Amendment lost. The original motion was then carried by a large majority.

#### REPORT FAVORING THE PASSAGE OF A LAW RELATING TO EXPERT TESTIMONY.

The Business Committee reported a resolution recommending the passage of a law securing proper compensation for expert testimony.

The resolution was adopted, and on motion made by Dr. Mosher a committee of three, with Dr. Dimon of Cayuga, as chairman, was appointed to represent the Society in efforts to secure the passage of such a law. The Committee consists of Dr. Dimon, Dr. H. D. Didama, of Syracuse, and Dr. J. V. Kendall, of Baldwinsville.

The Committee on By-Laws made a report, which was referred to Dr. Hutchins, of Brook-

lyn. The report related to requirements of medical students before commencing the study of medicine.

#### COMMITTEE ON HYGIENE.

The Business Committee reported that Dr. Stoddard, Chairman of the Committee on Hygiene, was unable to be present, on account of the death of Dr. Dean, of Rochester.

#### DEATH OF DR. DEAN.

Dr. ROOSA presented a resolution, to be sent by telegram to the family of Dr. Dean, expressing the profound sympathy of the profession in their irreparable loss.

The resolution was unanimously adopted.

#### DEATH OF MEMBERS.

The death of Drs. Hiram Corliss and L. B. Cobb, was announced.

#### SPECIAL ORDER OF BUSINESS.

The resolution introduced at a former meeting by Dr. E. M. Moore, of Rochester, regarding the examination of medical students preparatory to receiving the degree of Doctor in Medicine, was to be the special order for the hour reached; but, owing to the absence of Dr. Moore, on account of the death of Dr. Dean, the committee was continued, and the subject passed over until next year.

#### THE AUDITING COMMITTEE.

reported that the Treasurer's account had been found to be correct.

Report adopted and committee discharged.

#### MISCELLANEOUS BUSINESS.

Drs. H. C. Hendrick, F. D. Beebe, and J. C. Nelson were appointed a committee to invite members of the regular profession, who were members of the Legislature, to attend the Sessions of the Society.

Reading of papers being next in order, Dr. Walter B. Chase, of Windham, read upon

#### LACERATION OF THE CERVIX UTERI AS A FACTOR IN UTERINE DISEASE.

The paper was discussed at length by Drs. Fordyce Barker, A. Jacobi, and H. T. Hanks, of New York.

#### DISTRICT SCHOOL HYGIENE.

Dr. Jewett, of Canandaigua, read a brief paper upon the above subject, which was referred.

#### HONORARY MEMBERS.

Communications from Dr. Louis Necker, of Paris, France, and W. A. F. Brown, of Dumfries, Scotland, acknowledging election to honorary membership, were read by the Chairman of the Business Committee.

The Society then adjourned, to meet at 3 P. M.

#### SECOND DAY—AFTERNOON SESSION

The Society was called to order at 3 P. M. by the Vice-President.

The first order of business was the reading of papers.

#### COMMITTEE ON HYGIENE.

Dr. A. N. Bell, of Brooklyn, read a portion of the report of the Committee.

The report on hygiene, from the Medico-Legal Society of New York City, and presented by Dr. C. S. Wood, was called for, but no response was made.

Dr. Maurice Perkins, of Schenectady, read a brief and valuable paper upon the

#### ESTIMATION OF UREA.

#### IMPROVED METHOD OF DETECTING LEUKÆMIA IN ITS EARLY STAGES, AND FOR ENUMERATING WHITE BLOOD-GLOBULES IN DISEASE GENERALLY.

Dr. Joseph G. Richardson, of Philadelphia, read an interesting paper upon the above subject, which will be published in a future number of the 'Record.'

On motion, made by Dr. N. C. Husted, the thanks of the Society were extended to Dr. Richardson for his valuable scientific and voluntary contribution to the Transactions.

#### ISCHEMIA OF THE RETINA.

Dr. Thos. R. Pooley, of New York, read a paper upon the above subject. It was discussed by Dr. Roosa, of New York.

Dr. Arthur Matthewson, of Brooklyn, read a paper on

#### DIAGNOSIS OF INTER-CRANIAL TUMORS WITH REPORT OF CASES.

#### MEMBERS BY INVITATION.

Dr. Bailey reported the following names of members by invitation:

Dr. C. E. Nichols and Wm. S. Cooper, of Troy; W. H. T. Reynolds, of Albany; J. L. Archambeault, of Cohoes; Mary Dubois and H. Burdell, of Albany; James D. Jones, of Schenectady; James R. Leaming and E. D. Hudson, Jr., of New York; G. L. Ullman, L. C. B. Graveline, P. J. Keegan, S. A. Russell, and Thos. M. Frego, of Albany; and Eli Fox of Mohawk, Herkimer.

Dr. Goodwillie, of New York, read a paper upon

#### THE SALIVARY GLANDS—SOME OF THEIR DISEASES AND TREATMENT; ILLUSTRATED BY WAX MODELS.

The history of a case in which a salivary fistula was healed, was reported.

Dr. Benedict, of Syracuse, reported a case of INTUSSUSCEPTION, WITH SLOUGHING AND EXTRUSION OF A PORTION OF THE SMALL INTESTINE.

The woman recovered, and subsequently died, when it was found that separation occurred about nine inches above the ileo-cæcal valve.

Dr. Giberson, of Brooklyn, presented some SURGICAL NOTES, WITH A CASE OF NERVE-STRETCHING IN SCIATICA.

The nerve was cut down upon, the finger

passed beneath it, and sufficient lifting done to raise the body from the table. Recovery good. The case had resisted all ordinary treatment.

The surgical notes related to operations under the influence of nitrous oxide.

A somewhat lengthy discussion followed, regarding the comparative merit of the different anesthetics. It was participated in by Drs. Matthewson, Goodwillie, Roosa, Wey, Wolcott, Benedict, and Giberson.

The Society then adjourned, to meet at 10 o'clock on Thursday morning.

#### WEDNESDAY EVENING.

After visiting Dudley Observatory, the members of the Society and invited guests were handsomely entertained at the Delavan House, by the Medical Society of the County of Albany.

#### THURSDAY JANUARY 17TH—THIRD DAY.

The Society was called to order at 10 A. M. by Vice-President Dr. A. L. Saunders, and prayer was offered by Rev. Wm. S. Smart, D. D.

The minutes of the previous day were read and approved.

Dr. Bailey, of the Committee on Arrangements, reported the name of Dr. M. G. Planck of Schenectady, as member by invitation.

#### COMMUNICATION FROM NIAGARA COUNTY—ACTION OF THE SOCIETY WITH REFERENCE TO THE CODE OF ETHICS.

The Chairman of the Business Committee, announced the reception of a communication from Niagara County, which had inadvertently escaped notice at the last meeting of the Society. The communication contained a request that the State Medical Society should take action upon an accompanying resolution, for the purpose of declaring an authoritative decision regarding certain questions connected with the Code of Medical Ethics.

The resolution was as follows:

*Resolved*, That it is a breach of the Code of Medical Ethics, for a member of a county society which is entitled to send delegates to the State Medical Society, and who is in the *general practice* of his profession, to use upon his sign or bill-heads, or in advertisements, the words "Eye and Ear Infirmary," or "Oculist and Aurist."

Dr. Burr, of Binghamton, moved that the resolution in the communication be adopted as the sense of the Society.

Dr. Chapman, of Orleans seconded the motion.

It was explained that the passage of the resolution simply affirmed the opinion of the Society, that such terms as those referred to

should not be used by a member while in *general practice*.

Dr. Wm. H. Bailey, of Albany, moved to amend by striking out the words "general practice," believing that the use of such words as referred to in the resolution was wrong for the specialist as well as the general practitioner.

Dr. Cook called for the reading of the Code upon the point in question.

The passage of the resolution was for the purpose of giving general information to the profession in the State, and was not the action of the Society upon a given case.

The amendment offered by Dr. Bailey was unanimously adopted; aff., 45.

The original resolution, as amended, was then unanimously adopted; aff., 46.

#### CENSOR TO THE UNIVERSITY.

Dr. Wm. H. Bailey, as Censor to the University of Syracuse, presented his report, which was accepted, and ordered upon the minutes.

#### REPORT OF COMMITTEE ON NOMINATION.

Dr. E. R. Ferguson, Essex, Secretary of the Committee, read the following report:

*For President*—Dr. D. B. St. John Roosa, of New York.

*For Vice-President*—Dr. Judson C. Nelson, of Truxton, Cortland Co.

*For Secretary*—Dr. Wm. Manlius Smith, of Manlius, Onondaga Co.

*For Treasurer*—Dr. Charles H. Porter, of Albany.

*For Censors*—Southern District: E. R. Peaslee and E. Eliot, New York, and E. H. Parker, of Poughkeepsie. Eastern District: H. B. Whiton, Troy; J. L. Babcock, Albany; J. P. Sharer, Little Falls. Middle District: M. M. Bagg, Utica; G. W. Cook, Otego; C. G. Bacon, Fulton. Western District: C. C. Wyckoff, Buffalo; H. Jewett, Canandaigua; C. Green, Homer.

*Committee on Correspondence*.—First District: T. A. Emmet, New York; Second District, D. Guernsey, Amenia; Third District, R. H. Ward, Troy; Fourth District, T. B. Reynolds, Saratoga; Fifth District: S. G. Wolcott, Utica; Sixth District, J. G. Orton, Binghamton; Seventh District, H. B. Wilbur, Syracuse; Eighth District: C. Rider, Rochester.

*Committee on Prize Essays*—W. W. Ely, and E. M. Moore, Rochester; T. F. Rochester, Buffalo.

*Committee on By-Laws*—Wm. C. Wey, Elmira; Wm. Manlius Smith, Manlius; and Wm. H. Bailey, Albany.

*Committee on Publication*—H. D. Didama and Alfred Mercer, of Syracuse; Wm. Manlius Smith, Manlius; C. H. Porter, Albany.

*Committee on Hygiene*—E. V. Stoddard, Rochester; C. R. Agnew, New York; J. G. Orton, Binghamton; M. H. Burton, Troy; D. Guernsey, Amenia; E. Hutchinson, Utica; H. Jewett, Canandaigua.

*Permanent Members*—First District, John H. Hinton, J. R. Leaming, and D. B. St. John Roosa, New York, and C. H. Giberson, Brooklyn. Second District: Levi Lounsbery, Stone Ridge, Ulster Co.; P. R. H. Sawyer, Bedford, Westchester Co. Third District: F. B. Parmelee, Greenbush; J. C. Hutchinson, Troy. Fourth District: M. H. Ballou, Mechanicsville, Saratoga Co.; A. J. Long, Whitehall, Washington Co. Fifth District: J. K. Leaning, Fly Creek, Otsego Co.; H. G. Ducois, Camlen, Oneida Co. Sixth District: G. W. Avery, Norwich; J. H. Chittenden, Binghamton. Seventh District: J. W. Palmer, Victor, Ont. Co.; W. W. Porter, Syracuse. Eighth District: James Chapman, Medina, Orleans Co.; Wm. Gould, Erie.

*Honorary Members*.—Clarkson T. Collins, Great Barrington, Mass.

*Eligible to Honorary Membership*.—L. Auguste Mercier, Paris, France; Christopher Heath and J. Bucknill, London, England; H. J. Bowditch, Boston, Mass.; J. S. Billings, U. S. Army.

#### DELEGATES.

*To the Medical Society of the State of Pennsylvania*.—G. L. Halsey, Unadilla, Otsego Co. Wm. C. Wey, Elmira.

*To the Massachusetts Medical Society*.—H. P. Farnham and J. L. Banks, New York.

*To the Connecticut Medical Society*.—N. C. Husted, New York; E. M. Lyon, Plattsburg; R. F. Weir, New York.

*To the Medical Society of New Jersey*.—H. S. Crandall, Leonardsville, Madison Co.; J. C. Nelson, Truxton; Wm. Govan, Stony Point.

*To the New Hampshire State Medical Society*.—B. F. Smith, Mt. Upton, Chenango Co.

*To the Vermont State Medical Society*.—C. E. Nichols, Troy; W. H. Ballou, Saratoga Co.; A. J. Long, Washington Co.

*To the Rhode Island Medical Society*.—A. L. Saunders, Brookfield, Madison Co.; C. M. Allin, New York.

*To the Canadian Medical Society*.—J. N. Northrip, Albany; E. D. Ferguson, Danemora, Clinton Co.; E. F. Edgerly, Port Henry Essex Co.; B. F. Sherman, Ogdensburg.

*To the Medical Society of the State of Ohio*.—J. R. Pooley, New York; Wm. H. Leonard, East Worcester, Otsego Co.

*Censor for the College of Medicine of Syracuse University*.—J. S. Bailey, Albany.

*Delegates to the American Medical Association*.—C. S. Wood, T. Addis, Emmet, J. M. Minor, and J. W. S. Gouley, New York; A.

N. Bell, Kings; G. J. Fisher and J. Foster Jenkins, Westchester; E. H. Parker, Dutchess; M. H. Burton and R. B. Bontecue, Rensselaer; C. H. Porter, Albany; John P. Gray, Oneida; G. W. Cook, Otsego; Theodore Dimon, Cayuga; Geo. Burr, Broome; H. Jewett, Ontario; H. C. Hendricks, Cortland; S. G. Wolcott, Oneida; Leroy McLean, Rensselaer; A. J. Long, Washington; J. Mortimer Crow, Jefferson; J. H. Chittenden, Broome; A. Van Der Veer, Albany; F. B. Reynolds, Saratoga; E. M. Moore, Monroe; J. C. Hutchinson Kings; E. Harris and Stephen Smith, New York; Wm. C. Wey, Chemung; E. R. Hun, Albany; T. F. Rochester, Erie; W. S. Ely, Monroe; A. Flint and F. H. Hamilton, New York; F. Hyde, Cortland; D. B. St. John Boosa, New York.

#### CERTAIN RECOMMENDATIONS.

The Committee on Nomination also recommended Dr. C. L. Stiles, of Tioga, and W. S. Cooper, of Rensselaer, as eligible to permanent membership.

On motion the report was accepted.

Dr. Cook moved that the portion of the report relating to eligibility to permanent membership be laid upon the table.

A delegate remarked that the effect of Dr. Cook's motion would be, if it prevailed, to omit the question from the report, and place it in a position from which it could be raised at any future time, if the Society so ordered.

The omission of this portion of the report was regarded as a simple compliance with the by-laws of the Society.

Dr. Cook's motion prevailed by a vote of affirmative thirty to negative nine.

On motion, the report, as amended, was then adopted.

On Motion made by Dr. Cook, the Vice-President was instructed to cast for the Society an affirmative ballot for the election of all the officers named in the report as amended.

#### MODIFICATION OF THE STATUTE.

The Business Committee moved that the Secretary and Treasurer be directed to procure such modification of the statute from the legislature as may be necessary to legalize the new mode of selecting permanent members by representation. Carried.

#### REGISTRATION OF VITAL STATISTICS.

Dr. E. Harris, of New York, offered a resolution by the passage of which the Society encouraged a thorough registration of vital statistics throughout the state.

Reading of papers being next in order,

Dr. L. D. Buckley, of New York, read a valuable paper

#### ON DIET AND HYGIENE IN DISEASES OF THE SKIN.

Reference was made to the various kinds of

food employed in feeding children, and to the different methods of preparation.

#### A QUESTION OF MEDICAL ETHICS.

In the paper mention was made of food prepared by "The New York Food Company."

It was suggested that the name of the company should be omitted, inasmuch as the article of food prepared by them was patented. The simple omission of the name of the company was all that was necessary to relieve the Society of a technical violation of ethics in accepting the paper as it was read.

Dr. Buckley thought the name could do no harm, and that it would aid the physician very much in obtaining a proper article of diet for children.

Dr. Mosher, of Albany, remarked, that if changing the name would be of positive service, in the treatment of disease, it should be considered as an incidental advantage, and be accepted.

The Vice-President, Dr. Saunders, opposed the retention of the name of the company, if the paper was to be accepted by the society.

Dr. Mosher remarked that if our ethics stood in the way of having the best things possible for the cure of disease, it would be wisdom for the Society to so change its Code that we could have the best.

Dr. Hutchinson, of Oneida Co., remarked that he endorsed the suggestions in the paper, and should be sorry to see it refused admission to the transactions, but at the same time he did not wish to have the Society endorse either proprietary medicine or food.

Dr. Craig moved that the paper be referred to the Committee on Publications.

Dr. Mosher seconded the motion.

Dr. Bulkly signified his willingness to omit the name of the company from his paper, if it was the wish of the Society, and also the name "Nestlé," which had been used.

Dr. J. S. Bailey moved that, "As the sense of the Society, it would be wise to leave the names referred to out of the paper before it appeared in the transactions."

Almost unanimously carried.

The Business Committee *again* called for the paper by Dr. George T. Stevens, of Albany, but received no response.

#### REPORT OF SCHOOL HYGIENE FROM THE MEDICO-LEGAL SOCIETY OF NEW YORK CITY.

The Chairman of the Business Committee, remarked that the only remaining paper to be read was a report on School Hygiene, from the Medico-Legal Society of the City of New York.

The report had been presented by Dr. C. S. Wood, of New York, and set down to be heard in connection with other papers and re-

ports upon the same subject. At the time that subject was under consideration, the report was called, but the gentleman who was to read it was not present. It had been called since, but Dr. Wood was not present, and he would therefore now volunteer to read the report himself, inasmuch as Dr. Wood had returned to New York.

Dr. E. Harris moved that the report be accepted, and that the thanks of the Society be extended to the Medico-Legal Society, through Dr. C. S. Wood. Carried.

Dr. Van Derveer, of Albany, presented a paper

ON A SUCCESSFUL CASE OF THE REMOVAL OF A UTERINE FIBROID THROUGH THE POSTERIOR WALLS OF THE VAGINA; AND ELECTROLYSIS IN THE TREATMENT OF UTERINE FIBROIDS BY MEANS OF CUTTER'S NEEDLES.

It was read by title and referred to the Committee on Publications.

Dr. Craig moved that the thanks of the Society be extended to Dr. Saunders for the courteous and dignified manner with which he had presided over its deliberations. Unanimously carried.

Dr. Stiles moved that the thanks of the New York State Medical Society be extended to the Albany County Medical Society for their handsome entertainment at the Delavan House on Wednesday evening. Unanimously carried.

The Secretary reported that 157 permanent members, delegates, and invited guests had been registered.

The minutes were then read and approved.

On motion the Society adjourned, to meet on the third Tuesday in June, 1878, which meeting is to be held in the city of Albany, by a *quorum*.—*Medical Record*.

### Viburnum Prunifolium as a Uterine Sedative.

By B. B. BROWNE, M. D., OF BALTIMORE.

[Read before the Baltimore Clinical Society, January 8, 1878.]

It was not my intention to bring this remedy before the notice of the Society until my own experience in the use of it was much larger than at present, but as it has proved so very satisfactory and efficacious in the cases in which I have used it during the past two months, probably others who have more frequent opportunities than myself may be induced to give it a trial, and report to the society, at some future meeting, the result of their experience with it.

In the following cases, the Viburnum was used with benefit:

October 28, 9.30 P. M.—Mrs. D., aged 28, last child 18 months old, which she continues

to nurse, menstruated last from 24 to 28 August, was taken with pains and uterine hemorrhage about 6 o'clock in the evening. Os dilated sufficiently to allow one finger to pass, blood came freely in gushes at intervals of about three minutes. Ordered half a teaspoonful of the Fl. Ext. Viburnum every half hour until hemorrhage was checked, after the third dose there was no more hemorrhage it having gradually diminished after the first dose, she continued one-half teaspoonful three times daily for three or four days.

Oct. 17, 1877—Mrs. R. C., in the seventh month of pregnancy, had been flooding profusely for four or five days; ordered Fl. Ext. Viburnum, 3i to be taken at once, and 3ss every half hour until checked; the hemorrhage was entirely checked after taking a few doses.

In two cases of menorrhagia in which the menses had always lasted seven or eight days, they were decreased to five days, and were much diminished in quantity. In these cases the Viburnum was taken in 3ss doses three times daily.

September 14, 1877—Mrs. H. E. B., aged 30, in the seventh month of her second pregnancy, for the past two months has had almost constant headache, associated with insomnia, impaired vision, and vertigo. Oedema of the face and of the upper and lower extremities, frequent nausea and vomiting, mouth and tongue very sore and excessive ptialism—urine highly albuminous. Was treated for the albuminuria which gradually diminished and in about a month was altogether absent. She was now entirely relieved from the headache, vertigo and oedema, but the ptialism and sore mouth and tongue were, if anything, even worse than when I first saw her. None of the usual mouth-washes for this complaint seemed to give her any relief; she used chlorate of potash, borax, bismuth, slippery elm infusion, emulsion of bitter almonds with hydrocyanic acid, belladonna, &c.

About the first of November she commenced taking 3ss of the Fl. Ext. Viburnum every three hours; her mouth soon commenced to get better, and in less than a week gave her no more trouble.

My attention was first called to this remedy by a paper which I had the pleasure of hearing read by Dr. Edward W. Jenks of Detroit, Michigan, before the American Gynecological Society in New York, in September, 1876.

Dr. Jenks said he had used the Viburnum during the past ten years in a great number of cases of threatened abortion, and that he now relies upon it as the most efficacious remedy we have for this trouble. He recommends it especially in those cases where abortion has become habitual with a woman. He

also recommends it as a valuable therapeutic agent in the treatment of the sympathetic disorders incident to pregnancy, where a nerve or sedative is demanded. He also says that he has found it extremely useful in a large class of non-puerperal diseases of women, especially in all uterine disorders characterized by loss of blood, such as menorrhagia, metrorrhagia incident to the menopause, and in all forms of dysmenorrhœa attended with profuse menstruation.

The attention of the profession was first called to the uses of the Viburnum by an article written by Dr. Phares, of Newtonia, Miss., which was first published in the "Atlanta Medical and Surgical Journal" in 1866, and subsequently republished in the "Detroit Review" Dec., 1866, and in the "Boston Medical and Surgical Journal" October 10, 1867.

Dr. Phares attached particular value to this remedy for the prevention of abortion.

He designated it as a "nervine, antispasmodic, tonic, astringent and diuretic," and adds: "But it is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise; whether threatened from accidental cause or criminal drugging. It tones up the system, preventing or removing those harassing nervous symptoms that so often torment and wear down the pregnant woman, and disqualify her for the parturient effort. It enables the system to resist the deleterious influence of drugs so often used for the purpose of procuring abortion."

He also alludes to the habit, common among negro women on many of the southern plantations, of taking a decoction of gossypium, or cotton root, for the purpose of procuring abortion, and says: "Some farmers on whose plantations I have used the medicine, and who have seen much of its effects on negro women who had always managed to miscarry, declare their belief that no woman can possibly abort if compelled to use the Viburnum."

Of course no intelligent physician expects, that when an abortion is fairly begun by detachment of the ovum, or when a portion of it is extruded from the uterus, any remedy or treatment will prevent its ultimate expulsion; the mischief is already done; the vital connection of the fœtus with the mother is destroyed, and no measure can preserve its life.

In order to determine in what cases this drug acts as a means for preventing abortion we may very properly consider the causes of abortion under the four following heads:

1. *Those that are Accidental.*—Violent mental emotion; sudden agitation from fright; great bodily fatigue, with mental anxiety and severe pain; hysterical convulsions, blows, falls, irritation of mammary nerves, lactation

and constant suckling, railway traveling, drastic purgatives, placenta prævia, &c.

2. *Those that are due to some deranged state of the mother's health.*—Acute thoracic and abdominal diseases, albuminuria, uremic convulsions, measles, scarlatina, small-pox, obstinate constipation, syphilis, intermittent fever, &c.

3. *Those that can be traced to some Morbid Condition of the Uterus or its Appendages.*—Adhesions of the uterus to other pelvic organs, retroversion of gravid uterus, &c.

4. *Those that arise from Disease of the Embryo or its Membranes.*—Small-pox, cholera, scarlet fever, hydrocephalus, knotting, or compression of the funis, placentitis, fatty degeneration, hypertrophy, induration, calcification or ossification of the placenta and syphilis.

It is in the first class, those that are accidental, that Viburnum by arresting the contractions of the uterus, which serve to separate the utero-placental attachments, and by modifying the placental and utero-placental circulation, acts so favorably as a uterine sedative in preventing abortion. In the second and third classes it might be a valuable adjuvant to other appropriate treatment, especially in cases of retroversion of the gravid uterus.

But in the fourth class where the abortion is caused by disease of the embryo or its membranes, such as small-pox, scarlet fever, hydrocephalus, knotting or compression of the funis, fatty degeneration of the placenta or syphilis, the fœtus is generally dead some time previous to the threatened abortion, and, of course no treatment at this stage can be expected to arrest it.—*Maryland Med. Journal.*

#### Broadhead on Cerebral Localization.

The following conclusions were given in a paper read before the International Medical Congress at Geneva: 1. Paralysis is a rupture of fibres or cellules presiding over the mechanism of the nervo-motor apparatus. 2. Anæsthesia is a rupture of sensitive mechanism. 3. Tremor is the result of some impediment to the conducting power of the white fibres. 4. Convulsions, (including chorea) result from irritation of gray substance. 5. Premature and transient contracture is connected with pressure on a ganglion. According to this theory, the nervous system is a vast mechanism composed of cellules and fibres. In dismissing the question, Dr. Schiff said he did not believe in motor points in the brain, and that the role assigned to the corpora striata and optic thalamus is not proved by clinical observation.—*Med. Press and Circ.*, Oct. 10, 1877.

# New York Academy of Medicine.

*Stated Meeting, December 20, 1877.*

DR. S. S. PURPLE, PRESIDENT, IN THE CHAIR.  
RECTAL ALIMENTATION.

DR. AUSTIN FLINT read an interesting paper upon the above subject. The importance of the subject was regarded as sufficient to suggest the question, To whom belongs the credit of having been the first to resort to this method of sustaining nutrition? The author of the paper was not prepared to answer the question. It was Samuel Hood who first suggested it in the present century—in the year 1822. Up to quite a recent date, rectal alimentation had not been regarded as an important measure for sustaining nutrition; at least, only slight reference had been made to it by writers on practical medicine.

Of late, interest in the subject had been somewhat awakened. It had not been altogether because of want of cases, which might show that life could be sustained wholly by rectal alimentation, that such tardiness in recognizing its value had been developed. Reference was then made to a case in which life was sustained for three consecutive months by this means.

A second case was referred to, in which the following clinical facts were made prominent: it was a case of hæmatemesis; exhaustion and exsanguination were very marked. The patient was supported entirely for three weeks by nutritive injections, and the nutritive material was restricted to animal broth, which was tolerated in considerable quantities. Occasional doses of laudanum were added to promote sleep. There was no evacuation from the bowels while rectal alimentation was being pursued. There was a spontaneous evacuation from the bowels small in quantity, soon after returning to nutrition by the mouth, showing that the nutriment introduced into the bowels had been assimilated.

Reference was made to a third case, in which life was sustained one year and three months by rectal alimentation, and during five years the patient had depended almost entirely upon this method of sustaining nutrition.

Still another case was referred to, in which the patient lived one year under the support chiefly of rectal alimentation.

There were clinical facts sufficient to prove that life could be maintained indefinitely in cases in which recovery was possible, that improvement could be secured in cases in which recovery could not reasonably be expected, and that increase in the weight of the body could be realized by rectal alimentation.

The subject was further studied under three heads:

1. Indications for its use.
  2. Appropriate diet to be employed for this purpose.
  3. Certain practical rules to be observed.
- Rectal alimentation was indicated in obstructions of the œsophagus, the cardiac or the pyloric extremity of the stomach, sufficient to prevent adequate nutrition. It was also indicated in the treatment of gastric ulcer, hæmatemesis, acute gastritis, persistent irritability of the stomach, certain cases of typhoid fever, certain cases of coma, etc.

The kinds of aliment best constituted to form rectal diet was regarded as an important question.

The physiology of the subject was briefly considered in this connection, and it was thought not difficult to understand that, although the aliment met with no digestive juices, the secreting glands, which existed in the large intestine in considerable numbers, might take on a vicarious action when the glands of the stomach and small intestine were not excited into activity by the presence of ingesta.

The idea was also advanced that food introduced into the rectum might excite secretion by the gastric and intestinal glands, and in absence of ingesta in those parts of the alimentary canal, the fluid might pass into the large intestine in sufficient quantity to effect digestion there. Whatever the explanation might be, the clinical fact was well established that digestion of aliment, when placed in the rectum, did take place without the aid of agents which affected digestion outside of the body.

A variety of diets was regarded as better than the persistent use of the same kind of food prepared in precisely the same manner. From analogy, it was reasonable to suppose that such agents as had been found to promote digestion outside of the body might be added to the injections with advantage. Further clinical facts upon that point were needed. The articles now used were meat solution, pancreatic emulsion, Liebig's extract of meat, with or without milk, milk, eggs, mutton and chicken broths. A pancreatic meat emulsion was mentioned, made as follows: From five to ten ounces of finely chopped meat were added to fully one-third of that weight of the fresh pancreas of the ox, the fat being removed, and mixed with about five ounces of water, the whole was reduced to the consistency of a thick soup.

It was desirable to determine more accurately the affections and conditions in which rectal alimentation was most available, and whether the range of that form of diet might not be extended. Experimental observations upon healthy human subjects would be of interest, and were required. In the cases which had fallen under Dr. Flint's observation,



the nutritive injection had not been carried above the rectum. In cases in which the rectum was or became irritable, one-half or a pint of milk could be carried up into the colon and be retained without difficulty. The average quantity of material to be employed in this mode of treatment was, from three to six ounces, and the intervals between the injections might vary in length from three to six hours. Small quantities of some preparation of opium might be added to the injection, if they were not well tolerated. It remained to be settled whether or not opium had the same influence upon rectal as upon gastric digestion—namely, to impair it. Preparatory to the beginning of the treatment, the bowels should be emptied either by means of enemata, or by a laxative given by the mouth. As a substitute for drink, when necessary, simple water may be thrown into the bowel, and the surface of the body freely sponged. Alcoholics and medicines might be added to the nutritive injections, or they might be given separately, or they might be used hypodermically. At first nutritive injections might not be retained, but, if persisted in, they would soon be well tolerated. On the other hand, in some cases they were well tolerated at first, but after a time they were not retained. In such cases it was well to stop them for a short time, when they could probably be renewed with success. It was not thought necessary to wash out the rectum each time prior to using the administration of the nutritive injection. The nutritive injection should be *tepid*. Firm pressure should be made over the anus with a sponge or towel, until the desire to remove the injection had passed away. If the nutritive injections met the requirements of the case, there would follow a sense of comfort and satisfaction the same as after taking a meal in the ordinary way.

The paper being before the Academy for discussion.

DR. FORDYCE BARKER gave expression to his own clinical experience regarding the value of this means of sustaining nutrition, by alluding to cases other than those referred to by the author of the paper, in which rectal alimentation could be resorted to with the greatest possible propriety and advantage. There were cases in which paralysis of the muscles of deglutition was developed to such an extent as to preclude the possibility of getting nourishment into the stomach by voluntary action on the part of the patient, and in such instances rectal alimentation might be the means of sustaining life until such paralysis disappeared. Cases of paralysis of the muscles of deglutition as the result of diphtheria were cited, in which nutrition and life

were sustained for ten and twelve days wholly by nutritive injections. At the end of that time recovery from the paralysis had occurred to such an extent as to permit the patient to swallow, and ultimate recovery took place. The stomach-tube was used at first, but it soon became impossible to continue its use. Reference was made to a case of paresis of the right side of the body and of the muscles of deglutition, associated with pregnancy and albuminuria. The woman was sustained by rectal alimentation, premature delivery was effected, and good recovery followed.

Reference was also made to a disease which in certain respects resembled what had been described as degeneration of the gastric tubules, but which, so far as his experience went, differed essentially from it, both with reference to its pathology and its results.

While it resembled the disease described as degeneration of the gastric tubules in the fact that there was loss of appetite, nausea, vomiting, progressive emaciation, and rapid development of feebleness, it differed from that disease in certain particulars, as follows: in the first place, all those cases in which degeneration of the gastric tubules and of the glands of the intestines had been found, had occurred in patients somewhat advanced in life. The disease to which Dr. Barker alluded, of which he had seen five cases, had occurred in young subjects, between the ages of 20 and 45.

It was characterized by very excessive vomiting, the quantity of fluid ejected being from two to five times as large as that taken into the stomach, or even from three to six quarts of fluid might be vomited without having taken anything into the stomach. The material regurgitated was usually of a brownish color, was exceedingly offensive, the patients complaining of its pungency; it was acid to the taste, although showing an alkaline reaction. With such vomiting there was rapid emaciation and rapid depression of spirits.

There was absence of all evidence of any organic disease, such as ulcer or carcinoma; there was no tumor, or tenderness, or pains, but simply an excessive regurgitation of fluid from the stomach, as described.

Dr. Barker was of the opinion that in those cases there was no disease of either the glands of the mucous membrane of the stomach or of the intestines, but that it was primarily and essentially a neurotic affection. He was brought to that conclusion by a case in which the patient absolutely refused to be tested by the rectum, but determined to abstain entirely from taking anything by the mouth. This total abstinence, except an occasional swallow of water, was continued for days. At

the end of that time the man thought he could take some champagne, and accordingly secured and drank two bottles of iced champagne within a remarkably short space of time, and without producing any deleterious results. From that time he was able to take nourishment by the mouth and retain it, and rapid recovery was made. It was thought that the alcohol and the carbonic acid acted as a sedative to the irritable stomach.

Since that time he had seen three cases, and they were all successfully treated by means of rectal alimentation, with the addition of such doses of anodynes as were necessary to allay all irritation.

With reference to irritability of the rectum such as prevented retention of the nutritive injection, even though opium was added, Dr. Barker had overcome that difficulty by passing the tube high up into the colon, so that the fluid would be thrown into the intestine *above* the rectum.

DR. E. R. PEASLEE regarded the value of rectal alimentation as inestimable. It was sometimes remarked that, if a patient was suffering from some active inflammation, it might be best not to make use of any alimentation at all; it was better for the patient to starve for a time. He was of the opinion, however, that such a view was entirely wrong, and did not believe in it at all; for, if those same patients, in ordinary health, with a pulse of 65 or 70, and a temperature of 95° or 98½° F., required a certain amount of alimentation to repair waste of tissues, they required nourishment quite as much when the pulse was 110 or 120, and the temperature 102.3 4 5° F., for the waste of tissue was going on much more rapidly than in health. Dr. Peaslee had acted in accordance with that principle during the past twenty-five years and if the patient did not retain nourishment when taken by the mouth, no matter whether he had pneumonia, or peritonitis, or any other inflammation, delay was not made more than twenty-four hours in way of trial, before attention was turned towards sustaining the patient, as well as giving proper medicines, by the rectum. If a patient ever required nourishment, it was when he was rapidly being consumed by a temperature of 104° or 105° F. It was thought that we were getting to understand that fact by the treatment of pneumonia now commonly adopted. We now nourished our patients in the best possible manner in the treatment of pneumonia, and the same thing was applicable in the treatment of peritonitis. He would extend this form of alimentation—rectal—very much beyond what had been stated. It could with propriety be used in cases of persistent vomiting, which sometimes

occurred in women at about the time of the menopause; in the treatment of the exhausting vomiting of pregnancy; also in vomiting after ovariectomy and in connection with fever, etc.; in any and every case, if the patient had been twenty-four or twenty-eight hours without retention of nourishment taken by the mouth, alimentation should be commenced by way of the rectum. The next question was, What was the proper substance to use for that purpose? That which Dr. Peaslee had employed extensively was prepared as follows: crush or grind a pound of beef-muscle fine; to that add one pint of *cold* water; allow it to macerate three-fourths of an hour, and then gradually raise it to the boiling point; allow it to boil for *two minutes*—no more—and then strain. Dr. Peaslee had had sustained a woman ten days by means of injections of beef-tea alone. It should be prepared exactly in the manner described, if all the nutritive elements in the beef were to be obtained. Since the introduction of Leube's pancreatic emulsion, he had employed that preparation. How far up should the material be injected? He had placed it high up in the intestine, but as a rule, he had not found that it remained so well as when thrown into the rectum. Ordinarily, the irritation produced when the injection was thrown high up into the colon was more than when it was simply introduced into the rectum. That did not militate against the remark made by Dr. Barker, however, because there were cases in which it was better retained when carried high up than when left in the lowest part of the bowel.

The quantity used had been usually three or four ounces every four hours. He preferred to use four ounces and not repeat quite so often.

Why did nutritive material introduced into the rectum sustain the patient?

Dr. Peaslee did not think there was any digestion whatever of the aliment so used. It was important to distinguish between digestion and absorption. Digestion was entirely subservient to absorption. The object here, as in cases of inflammation and fever, when nutrition was sustained by food put into the stomach, was to use nutriment which was already digested, already prepared for assimilation, and which could be at once taken up by the absorbents, either in the stomach and small intestine, or in the rectum, in whichever it might be placed.

Another reason for allowing the nutritive injections to remain in the rectum was because it was much more vascular than other portions of the intestine.

If opium was combined with these injec-

tions, absorption was not at all interfered with, but the process of digestion was almost at once arrested by the administration of opium. Reference was made to a single case of gastric ulcer in which life was sustained thirty-one days by rectal alimentation.—*The Medical Record*.

### Malaria and Struma, in their relation to the Etiology of Skin Diseases.

BY PROF. L. P. YANDELL, M. D., LOUISVILLE, KY.

*Mr. President and Gentlemen:*

The opinions held by your reporter, on the etiology of dermal lesions, are already known to most of the members of the association, and so far as my knowledge extends, are shared by none. It is for the purpose of bringing these views before you somewhat more elaborately, and in the hope of impressing you with their correctness and importance, that I am with you to-day.

The very imperfect and unsatisfactory state of this branch of dermatology—i. e., its etiology—as compared to the anatomy, physiology, and pathology of the subject, must have impressed itself upon all; and if I am enabled to throw light on the etiology, I shall thereby make clearer the therapeutics of the science for whose advancement we are assembled.

In the beginning let me say, that the etiological doctrines of this report are the result of clinical observation and experience, not of theory and speculation; and it is my belief that from the sick and not from the laboratory, from experimental therapeutics and not from the microscope, our practical medical knowledge is destined to come.

The skin, though differing distinctly in feature and function from the other tissues, is yet composed of similar materials chemically, and is nourished and governed by the same blood and nervous fluid common to all. Therefore, it is rational to suppose that the same influences which produce disease elsewhere produce disease in it; and in dermatological investigation, we should interrogate the complaining organ with reference to the poisons—animal, vegetable, mineral, aqueous, aerial—and to heat, cold, ingesta, functional abuse, traumatism, the hereditaries, and any other source of disease known to exist.

Excluding the exanthemata, each of which has a special cause, and for none of which have we yet discovered prophylactic or remedy, save only variola and syphilis, and excluding also the parasitic diseases, I hold that in malaria we find the chief source of acute skin disease, and that to scrofula most of the chronic skin diseases may be traced; and that

the more inveterate examples of either class are commonly due to a coëxistence of these two causes. And, furthermore, that the favorable or unfavorable course and termination even of the exanthemata are largely influenced by the presence or absence of scrofula and malaria in the patients.

By the word malaria—literally signifying bad air—I need scarcely say that I mean what is otherwise denominated marsh miasm. The former is the preferable name, because of its brevity, its universal currency, and because of the bad preeminence of this bad air. Marsh miasm in an unfortunate term, which has done much to mislead the profession as well as the people. This is evidenced by the fact that we very often hear the presence of malaria denied, on the ground that no marsh or swamp, lagoon or pond, is adjacent to the accused locality; whereas we know that no fact in medicine is more firmly established than that malaria may arise without these things. In the rich oases of the Sahara desert, and on the sides of the Rocky Mountains, this mysterious poison exerts its baleful influence. Dr. Dickson says, in his *Elements of Medicine*, speaking of malarial fever: "We find these fevers on the cold fens of Holland and Lincolnshire, as well as on the rich rice-fields of the sunny south; on the smiling hills which overlook the Hudson, as well as among the swamps and marshes; on the lime-rock of Kentucky and Tennessee, the clay of Alabama and South Carolina, the sandy barrens of her northern sister, and the granite and sienite of the Empire State; on the volcanic tufa Civita Castellano and the Roman compagna, and in the very crater and on the sides of extinct volcanoes, as at Balina and Milo."

Hertz, in Ziemssen's *Cyclopædia*, quoting, I presume, from Humboldt, after stating that these fevers may originate on a dry soil and in mountainous regions, says:—"On the Tuscan Apennines at a height of eleven hundred feet, on the Pyrenees at five thousand feet, on island of Ceylon at six thousand five hundred feet, and in Peru at an elevation of ten thousand to eleven thousand feet, malaria is found." According to the same author, malaria though most frequently developed in summer, may originate in mild winters; and, in my own experience, I have encountered intermittents which certainly had been produced in winter time. Hertz also asserts, what I believe is universally acknowledged, that an average summer temperature of fifty-nine to fifty-nine and eight-tenths Fahrenheit, which is sufficient to induce vegetable decomposition, produces malarial fever. It is also perfectly established that malaria may spring from meadows, from

the clearing of forests, from reservoirs, great lakes, millponds, sluggish streams, bilge water, and the water carried for drinking purposes on ships. The turning up of the soil, as in plowing and ditching, and in the construction of fortifications, is a well known cause of malaria.

As to the nature of the poison in question, it would be a waste of time to consider the various suggestions that have been put forth about it, as that it is a sulphurous or saline vapor, carbonic acid, hydrosulphuretted or hydrocarburetted or hydrophosphoretted gas, exhalations from volcanic soil, or ozone or azote, or may depend upon diminished atmospheric elasticity, electricity, or may be an exhalation of living as well as of decaying plants; or that which is taken for malaria may be caused by heat, atmospherical moisture, vicissitudes of temperature, or sulphuret of iron in the soil, or may be animalculæ or vegetable organisms, or may be the result of absence of animal quinia or taurine in the blood, or from a deranged liver; or finally may be caused by the influence of the dog star, as was once believed.

*Pathological evidence of malarial origin of acute skin diseases*—In numerous instances these evidences are patent even to the superficial observer, and may be perceived in the pale, enlarged, flabby and teeth-indented tongue, in the anæmic or muddy complexion, and in distinct malarial periodicity. I say malarial periodicity, because we have scrofulous periodicity as well as periodicity in diseases neither malarial nor scrofulous. Indeed, periodicity is a habit, not alone of disease but of health, not alone in the human system but as well in the aqueous and atmospherical oceans, the heavenly bodies, and even it is asserted of the convulsions of nature.

In a large proportion of cases, however, it is only by patient, careful, and minute inquiry and investigation, that we are able to detect the malarial element. Prolonged malarial disease may exist without any apparent anæmia or pigmentary discoloration, though the opposite is the rule.

The cutaneous lesion may be more pronounced at a certain period of the day, or on certain days, in its color or in the sensation of heat, pruritus or pain; or its secretion may be periodically augmented. Again, eruption may evince no periodicity, but some organ or function of the body will do so, and the treatment which cures the one removes the other. Furthermore, though no form of periodicity be discernible, yet the antiperiodics will cure these diseases with more certainty than any other medicines, and also more promptly.

These facts I verify daily in my private and

dispensary practice in Louisville. In the inmates of hospitals and in private individuals, in New York and Philadelphia, and in Boston and its vicinity, as well as in the southern cities, I have been enabled to distinctly recognize the marks of malarial poison; of course in a milder form in the north than south. It can not be denied that in all the northern states the summer heat is sufficient every season to develop malaria, though it be less universal in extent and of less intense form than in the southern states. Your lakes, fish-ponds, mill-ponds, canals, reservoirs and rivers, are all sources of malarial poison. In all the cities above enumerated you have the commingling of salt and fresh water in the mouths of your rivers, and than this there is no more certain nor universally admitted source of malaria. In addition to all this, in all these cities and in all other cities which I am acquainted, there are wooden pavements, and these rotting under the combined influence of the summer's sun and the water sprinkled daily on them to lay the dust, may be foci of the potent and insidious miasm.

[Continued in next number.]

#### What Comes of Overwork.

Before the New York Neurological Society recently, Dr. Wm. A. Hammond read a paper on "Cerebro Hyperæmia." This, he said, was quite a common disease, and was brought on generally by over intellectual exertion. The symptoms are vertigo, noises in the ears, dark spots before the eyes, a staggering in the walk, numbness in the limbs and twitching or spasms in the face. There is a mental disturbance which is shown by hallucinations, and principally by sleeplessness. The digestion is impaired. These are the symptoms in violent cases. In general, the patient is deprived almost wholly of sleep, or has unpleasant dreams. He finds it impossible to fix his attention on any subject, and is attacked by a pain in the head if he makes a mental effort. An accurate accountant who was attacked by this disease could not add up a column of figures, making mistakes which in his normal condition he would consider ridiculous. In one case reported a gentleman attempted to commit suicide because he could not solve a simple sum. The patient is forgetful of names and faces, and makes mistakes in using words. There is, to, a great deal of indecision manifested in simple matters.

"I knew a patient," Dr. Hammond said, "to carry several thousands of dollars every day for a month to Wall street intending to make a certain speculation, but every day he put it off without any reason whatever. There

is a morbid apprehension of impending evil, and the patient is afraid that he will himself commit some dreadful act. I have known of a man who dreaded to go on a ferry-boat, because he feared that he would throw himself off; of another who would not go near a train, for fear he would throw himself in front of it; of a husband who made his wife keep his razors locked up; of a man who would not take a warm bath, in the fear that he would not turn off the hot water. The subject, however, never yields to these impulses. The emotional system is deranged. The patient becomes suspicious and annoyed on the slightest grounds. A patient once was liable to be attacked by vertigo at any time, so that frequently and in the street he would have to support himself by a lamp-post, or to sit on a stoop until the attack was over. This vertigo is generally increased by mental effort, and disappears more or less when the patient is about to go to sleep. The ocular muscles are easily tired, so that the patient cannot read. Sometimes the sense of hearing is very acute, and at other times very dull. The disease is generally accompanied by congestion of the tympanum, and the symptoms are intensified by sulphate of quinine and other medicines, which are sometimes given to patients who are suffering from this disease. The muscular strength is impaired so that the patient sometimes is unable to lift his arm or his foot.

"The cause of Cerebro Hyperæmia is mental. A young lady was once attacked by it in consequence of an intense intellectual effort she put forth to solve a mathematical problem. The disease is more apt to attack those in middle life than the young or old. To be cured the patient should abstain from severe mental work, and should exercise in the open air, indulge in moderate gayety and a plain but untritious diet."

#### Cultivation of the Sunflower as a Protection against Malaria.

On this subject we have received from a correspondent a communication which, containing no facts that are not already familiar to the public, we deem unnecessary to publish.

However, for the benefit of those persons who may still be cultivating the unsightly sunflower, under the impression that it really possesses some hidden power to ward off malaria, we may state that this notion was long ago exploded, and now ranks only with such remedial absurdities as the carrying about in the pockets of horsechestnuts and potatoes as prophylactics of rheumatism, or the equally ludicrous one of basking in light that streams through "blue glass."

Notwithstanding the romance attached to its origin by mythology, it is about as coarse, ugly, and useless a plant as we know. With nothing about it to please the eye, with no medicinal qualities whatever to give it value, the only possible economic use to which it can be put is that of cultivation for the sake of an oil that its seeds yield. But whatever value it might have for this purpose is more than counterbalanced by the positive injury it does to the soil, for it is well known as an insatiable consumer of potash, and would rapidly exhaust any land of this already too scarce salt, and hence render it unproductive. The proper place, then, for this unpromising exotic is where we chiefly find it—the gardens of rural districts, in which it is often planted to hide objects that have the misfortune to be still more unsightly.

As regards the *eucalyptus*, which our correspondent incidentally mentions, we believe it is not generally held by scientists that the mere presence of the growing tree in any district will prevent the occurrence of malaria, but that its value as a remedial agent depends on the presence in its leaves and bark of a resin and alkaloid (in considerable quantity), that have been found to possess all the febrifuge qualities of cinchona and its varieties. —*Scientific American*.

#### Pathology of Scurvy.

Mr. Charles H. Rolfe, in the *Lancet*, sums up his views of the subject as follows:—

1. That the primary change that occurs in scurvy is a chemical alteration in the quality of the blood.
2. That this chemical alteration, as far as can be judged from inferences drawn from the analysis of urine in patients suffering from scurvy, and analysis of "scurbutic and anti-scurbutic" diets, points to a diminution of the alkalinity of the blood.
3. That this diminution of alkalinity is produced in the first instance (physiologically) by an increase of acid salts (chiefly urates) in the blood, and finally (pathologically) by the withdrawal of salts having an alkaline reaction (chiefly alkaline carbonates).
4. That this diminution of the alkalinity of the blood finally produces the same results in scurvy patients as happens in animals when attempts are made to reduce the alkalinity of the blood (either by injecting acids into the blood or feeding with acid salts), namely, dissolution of the blood-corpuscles, ecchymosis, and blood-stains on mucous surfaces, and fatty degeneration of the muscles of the heart, the muscles generally, and the secreting cells of the liver and kidney. —*Medical and Surgical Reporter*.

## Notes on Current Medical Practice and Opinions.

### Art in Hospitals and the Sick Room.

Another item of interest upon the above named subject has been suggested by Dr. Geo. Bayles of New York, which has evidently been called out by what Dr. Lawrence Hamilton and others in England have said and done toward promoting artistic decoration in hospital wards. The whole subject is attracting considerable attention.

The *Lancet* of Oct. 20th, has given Dr. Hamilton's views and recommendations upon the subject of specially prepared, or so-called "Sanitary picture frames." Dr. Bayles gives a useful hint concerning pictures for hospitals and all sick rooms. His pictures are intended for the windows, rather than the spaces between the windows or other parts of the walls, and are upon glass or porcelain, and to be illuminated by transmitted light. He says, "as sunlight is a blessing much courted in all well managed hospitals and rooms for the sick, we will find such places possessing many large windows, which are the places *par excellence* for hanging these illuminated pictures."

These pictures ought to have narrow lead or brass frames with rings attached. The suspension ought to be by wire or metal cord so much in use for hanging pictures of all kinds at the present time. If a picture is painted or photographed upon glass, and is liable to become worn off in time by the usual cleaning such articles receive, Dr. Bayles tells how such a picture can be permanently preserved. He says further "I have in my office a glass picture hanging at one of the windows which has been painted by hand in transparent colours, much in the manner that the slide pictures for the magic lantern are painted. This I had glazed or enameled by the same process that is adopted by the manufacturers of marbleized iron work. The effect is to coat the surface with a vitreous preparation that is perfectly transparent and that protects the picture. Any amount of washing or rubbing will not effect the pictures or remove the enamel."

This process we learn is not expensive. Dr. Bayles' suggestions then embrace both the transparent pictures and the protective surface so much needed for pictures which are to be subjected to the same frequent cleansing processes that is necessary for all articles used in the sick room. Dr. Bayles calls attention to the pleasing effect that would be produced by the adornment of the windows that often are such glaring spaces in the general hospital. He says again "The walls will be cheerfully

tinted by the rays of coloured light, or by the deposition of quaint and often grotesque shadows that issue from these pictures for the windows." Such portable pictures, deriving their brilliancy from sun-light, would be interesting and valuable as an adjunct to household decorative art.

### CHANGES IN THE USE OF MEDICINES.

The *Archives Générales*, in giving an account of some new remedies supplied of late years, states that, in 1869, the Central Pharmacy distributed 141 kilograms of chloroform against 308 in 1875. Chloral showed a still more rapid increase; for, while in 1869 only 5 kilograms were required, 360 were consumed in 1875. Opium showed but small variations, but, in respect to Morphia, the increase was from 275 grams to more than 10,000 kilograms—no doubt from the general use of hypodermic injections. A very large augmentation—characterized the amount of Alcohol used in the hospitals and infirmaries of Paris, that is from 1,270 liters in 1855, to 37,578 in 1875.

The same increase is noticeable in rum and red wine, while the quantity of white wine was sensibly diminished. The use of leeches has gone nearly out of fashion.

### ANÆSTHETIC DOSES.

The *Comptes Rendus* cites the investigations made by M. Oré, upon the employment of an intravenous introduction of chloral in anæsthesia—An essential condition consisting in the puncture of the vein without laying it bare. For use, one part of chloral is dissolved in three of water, though sometimes one part in five. Five grams of the chloral itself in this mixture are necessary to produce satisfactory anæsthesia, and even more in some cases. Where the dose necessary for anæsthesia is from five to eight grains, these are to be introduced at the rate of about one gram per minute, so as to allow its thorough circulation in or through the system.

The advantages claimed by M. Oré for this method in anæsthesia are, that the respiration is never disturbed, and perfect insensibility can be secured for a time or period varying with the dose; no undue excitability is produced, and there is never any vomiting, while the operation is always followed by calm, regular slumber, which may be made to last twelve, eighteen, or twenty-four hours, so as frequently to do away completely with the common effects of severe operations.

Finally, according to M. Oré's statement, there are never any symptoms of phlebitis or hæmaturia when the treatment is properly carried out.

### GLYCERINE IN DISEASE.

The French opinion of glycerine in disease

may be gleaned from an article in *The Journal of Chemistry* which summarizes M. Catillon's paper on glycerine in therapeutics, read before one of the medical societies of Paris. It gives the opinion of eminent professional authorities as to the value of glycerine in medical practice. It appears from this that Dr. Lander Lindsay believes the article to have soothing, emollient, and even antiseptic properties, and a very marked action on assimilation, nutrition, and development.

Dr. Davisse also bears testimony to its regenerating action on the digestive functions. Dr. Dandé has made use of it in the treatment of dysentery with very favorable results.

Dr. Pavy and many other physicians have employed it to overcome the disgust for food experienced by diabetic patients deprived of sugar, and to facilitate digestion. Prof. Fubler has administered it in Acne with excellent results, at the same time he noted that the action of the bowels, which had been infrequent and difficult previously, became regular under the treatment, but without diarrhoea.

Démarquay thinks that glycerine would have a good effect on intestinal derangement.

#### RUSSIAN REMEDY FOR DROPSY

It appears that in Russia the common cockroach (*Blatta orientalis*) is a favorite popular remedy for dropsy. Nor is this all, Dr. Bogomolow, of St. Petersburg, it is stated, has lately examined its effects in nine cases of Bright's disease, heart disease, and other affections accompanied with severe dropsy, and in all the result was the same. There was an increase in the secretion of the urine and perspiration, with rapid disappearance of œdema, and also complete disappearance from the urine of albumen and renal derivations. The dose was from five to ten grains of powdered cockroaches in the twenty-four hours, but they were also administered as a tincture and as an infusion. These insects, it is found, do not, like cantharides, produce any irritant action on the kidneys. This is a specially valuable quality.

#### THE SPIROPHORE.

This instrument, devised by M. Woillez for resuscitating asphyxiated persons, and particularly those who have been in danger of death by drowning, is claimed to be superior to all other methods or appliances employed for such purposes. It consists of a sheet-iron cylinder, large enough to receive the body of an adult person. This cylinder is closed at one end and the body of the patient is inserted, feet foremost, at the open end, up to the neck, round which a diaphragm is placed in such a manner as to prevent air from entering the cylinder. An air pump is then set to work; the air is drawn off from the cylinder, with the result

of causing a partial vacuum, when the outer air by its weight forces itself into the lungs through the mouth and nostrils, which are exposed to the external air. By an opposite action of the pump the air is allowed to re-enter the cylinder and respiration is thereby imitated. A glass plate inserted in the cylinder enables the operator to watch the movements of the chest, which rises and falls, as in life, with the alternate working of the pump: these may be repeated about 18 times a minute, and an exact imitation of natural breathing is thereby effected.

#### POISONOUS CANDLES.

Some years ago a superior sort of candles appeared in the European markets, which looked attractive and gave a remarkably clear, bright flame. But people who used them became affected with strange symptoms. The doctors were consulted, and it was found that the candles derived their attractive qualities from arsenic being used in their manufacture, in such quantities as to be dangerous to health, if not to life, and this fact was made public. They disappeared, but have now reappeared in Paris where a wealthy lady, living in a fashionable quarter, lately became ill in such a way that she was supposed to be suffering from slow poisoning. The doctor who was called in found one morning that the water placed by her bed was covered with a thin film of arsenic.

The simple fact was, she had been in the habit of reading in bed, and the candles she used were found, on being examined, to be of dazzling whiteness—a whiteness, however, as was shown on analysis, caused by the admixture of arsenic, which being volatilized during the process of combustion, had poisoned the air of the room with the result above named. When once an article of this kind gets into the market, it is very difficult of exclusion, though so dangerous.

#### BORACIC ACID FOR SKIN DISEASES.

Surgeon Major Watson reports in "The Indian Medical Gazette," that he has lately employed boracic acid with very great success as an external application in the treatment of dermatophyta, or vegetable parasitic diseases of the skin. He was, it appears, induced to try this remedy from witnessing its employment as an antiseptic in the Edinburgh Infirmary wards. The diseases in which he has hitherto used boracic acid have been the various forms of tinea, especially that very troublesome form of the disease which effects the scrotum and inner side of the thighs of many Europeans in India. Dr. Watson declares that the external application of a solution of boracic acid acts like a charm in such cases. An aqueous solution of boracic acid of a drachm to the ounce, or as much as the water will take-



up at ordinary temperature, is employed. The affected parts, he says, should be well bathed with the solution twice daily, some little friction being used, and it should not be wiped off, but allowed to dry on the part. Altogether, he regards it as preferable to all other remedies of the same class.

#### CRANIOLOGY AND CRIME.

*The British Medical Journal* presents, at some length, the results arrived at by Prof. Benedict, in his examination of the brains of criminals—Some sixteen in all. Every one of these, in comparison with the healthy brain, proved to be abnormal. Not only, too, has he found that these brains deviate from the normal type, and approach that of lower animals, but he has been able to classify them, and with them the skulls in which they were contained, in three categories.

First, absence of symmetry between the two halves of the brain; Second, an obliquity of the interior part of the brain or skull—in fact, a continuation upward of what is usually termed a sloping forehead; Third, a distinct lessening of the posterior cerebral lobes, so that, in the lower animals, they are not large enough to hide the cerebellum. In all these peculiarities, the criminal's brain and skull are distinctly of a lower type than those of normal men.

## MONTHLY SUMMARY.

### The Effect of Diet on Liquor Drinking.

Charles Napier, an English scientific man, has been testing the truth of Liebig's theory that liquor drinking is compatible with animal food but not with a farinaceous diet. The experiment was tried upon 27 liquor-drinking persons with results substantiating the Liebig theory. Among the most striking instances of reform brought about by a change of diet was that of a gentleman of 60 who had been addicted to intemperate habits for 35 years; his outbursts averaged one a week. His constitution was so shattered that he had great difficulty in insuring his life. After an attack of delirium tremens, which nearly ended fatally, he was persuaded to enter upon a farinaceous diet, which, we are assured, cured him completely in seven months. He seems to have been very thin at the beginning of the experiment, but by the close of the period named had gained twenty-eight pounds, being then of about the normal weight for a person of his height.

Among the articles of food which are specified by Napier as pre-eminent for antagonism to alcohol are macaroni, haricot beans, dried

peas, and lentils, all of which should be well boiled and flavored with plenty of butter or olive oil. The various garden vegetables are said to be helpful, but a diet mainly composed of them would not resist the tendency to intemperance so effectually as one of macaroni and farinaceous food.

From this point of view, highly glutinous bread would be of great utility, but it should not be sour, such acidity being calculated to foster the habit of alcoholic drinking. A like remark may be applied to the use of salted food.

If we inquire the cause of a vegetarian's alleged disinclination to alcoholic liquors we find that the carbonaceous starch contained in the macaroni, beans, or oleaginous aliment appears to render unnecessary, and therefore repulsive, carbon in an alcoholic form.—*Scientific American*.

### Treatment of Blennorrhagic Epididymitis with Iodoform Ointment.

Dr. Alvarez, of Palma (Majorca), has treated four cases of epididymitis with iodoform ointment, and from his experience in these cases draws the following conclusions: 1. Iodoform calms the pain of blennorrhagic orchitis better than any other application; this result is obtained at the end of one or two hours. 2. Iodoform exerts a very manifest resolvent action, and has the advantage over the usually employed mercurial ointment of causing no trouble when absorbed. 3. The iodoform treatment shortens very appreciably the duration of orchitis, and prevents any consecutive induration of the organ. 4. It is necessary to employ an ointment containing, according to the intensity of the inflammation, from one to two grammes of iodoform to thirty grammes of lard.—*Louisville Medical News*.

### Anti-Asthmatic Cigarettes.

Equal parts of belladonna, stramonium, digitalis and sage leaves are made into a decoction with two hundred parts of water. Eight parts of tinct. benzoin and fifteen parts of nitre are then added, and bibulous paper is soaked in the mixture twenty-four hours and then dried. The paper is to be cut into slips three and one-quarter inches long by two and one-half inches wide, which are to be rolled into cigarettes.—*Detroit Lancet*.

*The Philadelphia Druggist and Chemist* is the name of a new journal to be started in Philadelphia by C. C. Vanderbeck. It will be devoted to materia medica, pharmacy, chemistry, therapeutics and the collateral sciences.—*Detroit Lancet*.



**Poisoning by Salicylate of Soda.**

Dr. Peterson (*Deutsche Med. Wochenschrift*—*Canada Lancet*) mentions a case in which 26 grammes of salicylate of soda (390 grains) were given by mistake in twelve hours. The victim of the mistake was a girl of 15 years. The brain symptoms were most prominent and persistent. These were delirium, partial deafness, ringing in the ears, difficulty in seeing at a distance. There was strabismus and extreme mydriasis. When rational, she complained of headache. The delirium lasted eight days. During that time everything was blank. There was no depression of temperature. There was hoarseness, and respiration increased to 40 per minute, and the skin covered with profuse perspiration. Also, dilatation of blood-vessels in different parts of the body.—*Detroit Lancet*.

**Operative Treatment of Internal Piles.**

In the Edinburgh Medical Journal Mr. Anandale discusses the comparative advantage of the clamp and cautery and the ligature in the operation for internal piles. He prefers the clamp and cautery, and states the advantages of this method over the use of the ligature as follows: 1. By means of the clamp and cautery the piles are at once removed, and do not remain in the rectum as dead and putrid masses. 2. The irritation and pain are not so severe or so prolonged as in the operation by ligature. 3. The patient's confinement to bed and to the house is much shorter. 4. The resulting sores heal more quickly.—*Louisville Medical News*

**New Method of Opening Lumbar Abscesses.**

Mr. Osman Vincent described to the Harveian Society, a method by which he had opened eighteen lumbar abscesses without a fatal result. The abscess was first opened, and then injected with a solution of equal parts of sulphurous acid and water, after which a poultice was put on. Next day the injection was renewed and some tenax applied. The treatment went on till the cavity healed up. The injection sometimes gave pain; sometimes the fluid returned clear, and at other times black. When sulphurous acid was injected, it acted upon the pyogenic membrane, and then pus did not re-form.—*Detroit Lancet*.

**Violet Ink for Rubber Stamps.**

A violet ink for rubber stamps is made by mixing and dissolving—aniline violet, 2 to 4 drachms; alcohol, 15 ozs.; glycerine, 15 ozs. The solution is poured on the cushion and rubbed in with a brush.—*Chemist & Druggist*.

**Battery Fluid for Zinc-Carbon Galvanic-Caustic Battery.**

Mix eighty fluid ounces of sulphuric acid with ten pints of water; pour the mixture upon four pounds avoirdupois of potassium bichromate, and stir well for five minutes; then add twenty pints more of water. Finally, when cold, add thirty fluid ounces of sulphuric acid. When it is desired to increase the intensity of the action, a small quantity of a solution of ammonium nitrate in nitric acid may be added to each cup of the battery.—*Detroit Lancet*.

**Cyanide of Zinc in Facial Neuralgia.**

Dr. Luton, of Rheims, states that he has obtained excellent results from the cyanide of zinc in rheumatic facial neuralgia simulating cerebral rheumatism. He relates two cases in which, with intense facial neuralgia, there was continued and ardent fever, cephalalgia and tenderness, on pressure at the points where the nerves emerged. The symptoms rapidly abated under the use of the following mixture:—Cyanide of zinc one-fifth of a part, distilled cherry-laurel water twenty-five parts, and tragacanth mucilage mixture 100 parts. A tablespooful, from hour to hour.—*Medical and Surgical Reporter*.

**Syrup of Orange Peel.**

A. Martin, in *Jour. Pharm. d'Anvers*, recommends the following process: The peel, preferably of the Curacao orange, is dried by leaving it eight days in a dessicator, consisting of a tinned iron vessel, containing an open bottle half filled with quick lime, the cover secured by a luting of flour paste. It is then easily powdered; the powder is exhausted by percolation with cold water; the infusion heated to 158° F. (70° C.) to coagulate the albumen; filtered, and converted into syrup in the usual manner.—*Detroit Lancet*.

**Phosphorescence of Sulphate of Quinine.**

If some sulphate of quinine is strewn over a sheet of smooth paper and exposed to a heat of from 120° to 140° Fah. by means of a plate of metal, it becomes phosphorescent when stirred with a glass rod. Valerianate of quinine exhibits the same phenomenon with heat being applied, if the crystals are rubbed in a mortar.—*Scientific American*.

Little Rock Arkansas, is to give birth to the *Arkansas Medical Record*, about the middle of January, 1878. Dr. J. T. Hall is to superintend its delivery and future development.—*Detroit Lancet*.

**Grindella Robusta in Whooping-Cough.**

At a recent meeting of the Suffolk District Medical Society, Da. Pattee called attention to the beneficial effects of the drug in certain pulmonary affections, and remarked that most of the fluid extracts sold in this market were said to be worthless. Dr. Pattee had used the tincture in bronchitis, asthma and whooping-cough, in doses of half a drachm or more, repeated every one or two hours. The effect was said to have been curative in thirty cases of whooping-cough, after three or four days, without the occurrence of relapses. The dose for a child two years old would be about ten drops.—*Pharmacist*.

**Tannin as a Test for the Purity of Water.**

H. Kammerer. (*Journ. fur Pract. Chem.*, 1876, 322.)—The application of tannin is recommended by the author for the detection of albuminoid and other animal organic matter in water. Any sample of water forming a precipitate or turbidity with a solution of tannin should be condemned as unfit for drinking. As some saline constituents of potable waters retard the precipitation of organic impurities by tannin, the mixture should be allowed to stand for twenty-four hours before a negative result is to be regarded as an indication of purity.—*Ibid*.

**Japanese Lacquer.**

Japanese Lacquer is made as follows: Melt 50 lbs. of Naples asphaltum and 8 lbs. of dark gum anime, boil for about two hours in 12 gallons linseed oil; then melt 10 lbs. of dark gum amber and boil it with two gallons linseed oil; add this to the other and add dryer. Boil for about two hours, or until the mass, when cooled, may be rolled into little pellets. Withdraw the heat and thin down with 30 gallons turpentine. During the boiling the mass must be constantly stirred to prevent boiling over.—*Ibid*.

**Iron Cement.**

Powdered sal ammoniac..... 2 ozs.  
Flowers of Sulphur..... 1 oz.  
Iron filings..... 5 lbs.  
Water sufficient.

Used for closing the joints of iron pipes, iron and glass skylights, etc. No more of the cement should be made at a time than can be used at once.—*Ibid*.

**Almond Powder for the Hands.**

Almonds blanched and powdered..... 1 lb.  
Powdered white Castile soap..... 8 ozs.  
" orris root..... 2 ozs.  
" pumice stone..... 4 ozs.  
Oil of bitter almonds..... 2 drs.  
—*Ibid*.

**Lemon Cordial.**

Fresh lemon peel..... 2 ozs.  
Fresh orange peel..... 1 oz.  
Dry lemon peel..... 2 ozs.  
Diluted alcohol..... 1 gal.  
Water and Syrup of each..... 6 pts.  
—*Ibid*.

The following formulæ are recommended by Dr. L. P. Yandall, jr., in the *Louisville Medical News*:

**Laxative Pill for Habitual Constipation.**

R Ext. Bellad..... gr x.  
Ext. Nucis Vom..... gr. xx;  
Ext. Colocynth Comp.... ʒ viij.

Ft. mass. D: in pil. No. xl. S. One every night, or as often as needed.

**Excellent Tonic**

Tinct. fer. citro-mur..... ʒ j.  
Syrupi..... ʒ iij;  
Ol. limon..... q. s.

M. S. Teaspoonful after meals or oftener.

**Perfectly Tasteless Quinine Mixture.**

R Quinæ sulph..... 3 j;  
Acidi tan..... gr. xv;  
Syrupi tolut..... ʒ iij.

Misc vem. S. Shake well before using.

The following is said to be a sovereign remedy in the vomiting of pregnancy:

R Tinct. Nucis Vom., Liq. Biemuthi,  
aa. ʒ ss. M.

Sig. Teaspoonful three or four times a day, a dose just after each meal.—*Maryland Med. Journal*.

**Death from Chloroform.**

The *Lancet* (Dec. 8, 1877) reports a case of death during the inhalation of chloroform preparatory to undergoing an operation, which occurred in South Wales.

It is perhaps too much to say that any anæsthetic is entirely free from danger under any and every circumstance, however much care may be used in its administration.—*Maryland Med. Journal*.

**Paint, Varnish and Resin Stains.**

For white or colored cotton and woolen goods, oil of turpentine or benzine, followed by soap-suds. For silks, benzine, ether, soap; hard rubbing is to be avoided. (For all kinds of fabrics chloroform is best.)

## EDITORIAL.

### Elixir Iodo-Bromide of Calcium Compound.

Our attention is called to a circular extensively circulated by Battle & Co., St. Louis, Mo. calculated to deceive druggists and physicians concerning "Elixir Iodo" Bromide Calcium Comp., known as "Iodo," with the profession and trade.

To protect ourselves and the profession from a disposition, as soon as we bring out a new article of merit, to make imitation or an extemporaneous compound, with same or similar name, that will sell just as well, as the "doctors don't know the difference," (a compliment paid an intelligent profession by those who too often impose upon their confidence), we applied for, and took out a trade-mark protection for the word "Iodo," as also for Elixir or Solution; also using those words expressive of quality, Bromide of Calcium Compound in connection. After the IODO preparation had proved beyond any controversy, a most potent article in the hands of the profession for the treatment of scrofula and kindred diseases, this concern of Battle & Co., who had been putting up an article called Stillinger Compound, or as in the testimony of one of them, called "Stillinger Compound," it meeting with comparatively little sale, they conceived the idea of a change of name, and in 1876, brought it out under the name of "IODIA," and sought by similarity of name to make it displace "Iodo." Many physicians made use of it supposing it was identical with Iodo, and others under the influence of the elaborate letters or certificates published, and adroitly located, used it with similar impression. The first manufacture was about four years ago, or since 1873, and after an unsuccessful struggle for life, it was galvanized in May, 1876, into "Iodia."

The certificates appear in a publication called the Medical Brief, published in St. Louis, evidently in the interest of these parties; among them, a letter purporting to be from Dr. John A. Brown of LEBANON—no state was given. As we knew of no Dr. Brown in this vicinity, we referred to Dr. Butler's Medical Register of the United States, and found no such doctor in any place named LEBANON. We then caused to be addressed a note to the post-master of every office called Lebanon in the United States, making inquiry as to whether any physician of that name was resident, and practicing medicine in such place, or within the delivery of the office, and received replies from the Postmasters, of every office called Lebanon in the U. S., all to the effect that no such person was known or had ever resided in

their respective localities. The object of a probably bogus letter, located at Lebanon, Tilden & Co. being at New Lebanon, will be apparent to any one.

1st. They abandon a name they had failed to make popular, and under it get a demand for their preparation, and adopt "Iodia" so that to the ear, confusion would occur in calling for "Iodo," and those who had not used the one, and become familiar with its appearance and label would accept its substitution, and not find it out until a failure of results would cause inquiry, and perhaps not then pursue it, but abandon the article as worthless, with a lasting prejudice to the therapeutic value of "Iodo."

2nd. To make the deception more complete they call it the "Ideal Alternative," because "Iodo" was called the "New Alternative," so that if a physician called for the "Alternative Iodo" the fraud "Iodia" would be supplied because it was the "Alternative Ideal." Perhaps a fitter word could not have been selected, according to Southey, "existing in fancy or imagination only," but sufficient for the scheme of deception, which had its existence in the change of name to ride into a sale on the reputation of "Iodo."

3rd. To make it sure that the "Doctor" would not observe the difference, they located the bogus letter at LEBANON, Tilden being at Lebanon, the Laboratory where "Iodo" is made being at Lebanon. Truly, the Doctor would observe Iodia-Lebanon, that's the same; although he might be somewhat suspicious, the name Lebanon reassures and tends to settle the matter in his mind, and thus complete the fraud.

The same result was had concerning enquiries as to certificates or letters of Dr. Willson Rogers of Augusta, Dr. W. H. Y. Moore, of Marion, as well as some others.

We asked for an injunction, which the St. Louis Court denied. We have appealed to the Supreme Court at Washington, and intend to have it decided whether Trade Marks issued by the authority of the Government have any value, or are any protection against such frauds and pirating. Those who use preparations are as much interested to know that they are not open to the unprincipled deception of persons, who are ever ready to make money by such a course.

Caswell and Hazard were protected in the use of "Ferro Phosphorated," as applied to Elixir Calisaya. "Cocaine" against "Cocaine."

"Boviline" against "Bovina," &c.

We might enumerate at great length similar cases, and we venture the assertion that if this decision is sustained there is no trade mark ex-

empt from the same infliction, and there is no security to the consumer: it opens the door wide for deception and fraud.

The law takes cognizance of the intent as well as colorable imitation, and the Courts have in such cases of simulation, coupled with plain design and intent to deceive, held to a more grave responsibility, than if unwittingly done.

Judge Lott in a similar case truly said:

"A disguise is not generally assumed for an honest object. It is a mark more characteristic of deception and fraud. It defeats the very end and object contemplated by legitimate competitors the choice to the public to select between the article for sale, and operates as a deception and imposition on the dealer," and he might with equal force have added that nearly always it is a witness against him who used it.

The action of the court is held by every impartial legal mind, we have heard, as not only bad law, but equally poor ideas of equity.

It is but proper to add, that in looking over the testimony, we observe that the expert chemist, introduced to sustain the fraud "Iodia," says he found as follows:

Iodide of Potassium, - - - 2.44 grains.

Pyrophosphate of Iron, - - 1.80 grains to each fluid dram of Iodia; about 36 grains of Salts to each fluid ounce.

At the same time they publish in the Medical Brief a formula as follows:

Iodide of Potassium, - - - 5 grains.

Phosphate of Iron, - - - 3 grains to

each fluid dram, equal to 64 grains to the ounce.

It is to be presumed they gave the expert chemist, for analysis and certificate the best they had, and as he finds the article only HALF STRENGTH, we presume his testimony is to be regarded as *conclusive*, and that all their representations to the Profession are to be taken with equal allowance.

T. & CO.

St. Louis, Jan. 23, 1878.

GENTLEMEN.—Some months since I was furnished sample bottles of your Elixir Iodo-Bromide of Calcium Comp., &c.

Having several Syphilitic and Scrofulous cases on hand at the time, I concluded to test its so-called virtues; and briefly, its action was wonderful, speedy, pleasant, safe. In a practice of 16 years I have never seen anything to equal it.

As a dressing for chancres or injection in gonorrhœa, your Bromo-Chloralum can not be surpassed. Yours respectfully,

W. DEWOLF JONES, M. D.

Butler, Butler Co., Pa., Dec. 24, 1877.

Messrs. TILDEN & Co., Gentlemen:

I have had Otorrhœa in my right ear since I was 10 years of age, and am now 42. It is a sequela of Scarlet Fever. I have been treated by the most eminent physicians without material benefit. I commenced using your Solution Iodo-Bromide Calcium Comp. about one week ago, and the discharge has become very much less profuse, thin and with little odor. I also use the Elixir Iodo internally.

I have used the Solution as follows:

R Sol. Iodo..... 3 ss.

Glycerine..... 3 ii.

Aq. Dist..... 3 ii. M.

Sig.—Fill the ear morning and evening, allowing it to remain some time in contact with the affected part.

Doctors tell me the membrum tympani has a very small perforation—external meatus of drum of the ear is affected: one doctor says the discharge comes in part from under the membrane—others say not.

Please write me if you think I can hope for a cure. Yours Truly, A. B. TRAVIS, M. D.

Extract from letter of J. H. SIMMS, M. D., Wilmington, Del., Dec. 6, '77:

"I find your Elixir Iodo still fully meets my expectation, especially in nasal catarrh, in which I use it largely, and always with complete success. It is a splendid and reliable remedy."

Fluid Extract Ergot, "Formula of 1874."

Marion, Iowa, Jan. 25, 1878.

GENTS.—I have been using your various preparations in my daily practice for the last 15 years, and am pleased to say that none of them have ever failed to give me entire satisfaction. I am largely using your Ext. Ergot, formula of '74," and with splendid effect, and always keep it in my office. It will stand the test. The "Elixir Iodo" Comp. is the most effective alterative I ever used. I have tested its powers in many cases, where others totally failed; it is simply wonderful. I now use it in "Lupus" and "Chronic Pelvic Cellulitis," two of the most obstinate of all complaints, with entire satisfaction. I feel that I can hardly speak too highly of your Firwein as a remedy for diseases of the chest and all affections of mucous membranes. I am prescribing it daily in lung and throat complaints, in their various forms, and it excels anything I ever used. I have several patients at present using it with marked benefit, one of whom is my

wife, and many of her lady friends, and they are very enthusiastic about it, as it cures. In addition I may say that the regular profession in this section of country are using your various preparations very extensively, and to my certain knowledge are *more* than pleased with them, and their use is largely on the increase.

Yours truly, E. MALDEN SMITH, M. D.

Extract from letter of H. B. RUFF, M. D., Hummelstown, Dauphin Co., Pa., Jan. 29, 1878.

"I have used your very valuable fluid extracts, for which I cannot say too much. I have been using Ergot ever since I commenced practicing medicine, and that is about 18 years. I finally abandoned its use, and gave up in despair, thinking the drug was not what it was claimed to be. You kindly sent me a small sample which I gave a fair trial, and which brought about the results claimed for Ergot; all this time I have been using a worthless article. You also sent me a sample of your Bromo-Chloralum, which I found to be an invaluable medicine in the sick room. As a disinfectant it has not its equal, and during parturition in confinement it is one of the best drugs yet discovered. I cannot recommend it enough; when properly used it relieves all offensive odor, and by so doing we remove a poison which I feel satisfied has caused many deaths."

#### **Bromo-Chloralum for Burns or Scalds.**

Bromo-Chloralum is known to be a Bromide and Chloride of Aluminum, therefore its action in burns and scalds to a scientific mind is readily understood. In a recent case where the person was severely burned by the explosion of a spirit lamp around the throat, face and ears, the application of this remedy diluted one part to four parts of water, and made cold with ice, changing the cloth every few moments as soon as warm, and continuing till the inflammation subsided, was attended with an almost immediate cure and no scars,

#### **Sweating Feet.**

I used every known suggestion from physician and friends to rid myself of this trouble, and renewed or changed my boots and shoes every day. My wardrobe looked like a shoe store. Finally I used the Bromo-Chloralum as a wash, diluted one part to ten parts of water, and in a short time was relieved. I kept up its use till now I am cured. I moistened the feet of my stockings with it diluted, and then dried them. This completely neutralized all the odor and

relieved the sweating. I am now well and believe this is due to those who have been as much annoyed as I with the trouble.

DRUG CLERK, Brooklyn.

#### **Diphtherine.**

Extract from letter of GEO. W. CROUTER, Esq., Charlevoix, Mich., Feb. 5, '78.

"The Diphtherine works like a charm in sore throat."

#### **Maltine.**

J. G., of Hartford, Conn., asks what Maltine is. He is most respectfully referred to Dunglinson's Medical Dictionary, edition 1874. There it is regarded as synonymous with DIASTASE, or vegetable ptyaline.

The preparation referred to cannot be the same as described by Dunglinson, because the one is the active agent of malt isolated, the other is simply extract of malt, wheat and oats, and while it may contain diastase, we should expect most of the diastase would be used up in converting the starch of the wheat and oats.

Our correspondent must judge for himself as to the applicability of the name, and the right to use it as a trade mark by those who are doing so.

#### **Journal Letters.**

We take pleasure in publishing entire the following letter from one of the oldest and most respected practitioners in the State of New Jersey:

Rahway, January 30, '78.

GENTLEMEN.—I take pleasure in saying to you that your Journal is always greeted by me with a hearty welcome, and each number as it comes to hand, seemingly more so than previous ones. Your selections of interesting cases, I doubt not, is duly appreciated by the multitude of professional readers of your valuable Journal. To my mind it contains matter of more interest to the professional reader than any medical journal of the same number of pages. I believe the profession will ever hold you in grateful remembrance for the many valuable remedies you have compounded for us. I have, for a long time past, been using quite extensively, a number of your most valuable remedies for diseases which they are particularly adapted to. I refer particularly to your Elixir Iodo-Bromide, Bromo-Chloralum, Firwein, &c. You certainly have put remedies in our hands, which enable us to combat successfully many cases, which heretofore have been looked upon as incurable. Perhaps you will say we have plenty of such congratulations. I have not written this for publi-

cation, but merely to thank you for what you have done for the benefit of poor suffering humanity. I shall always be thankful for every number of your Journal as it comes to hand. I shall not be a reader of it much longer, for I am now far advanced in my seventy-fifth year. I am afraid that I have quite wearied you with my long letter, so good night.

Yours truly, LEWIS DRAKE, M. D.

Extract from letter of C. D. FINDLAY, M. D., Twiggsville, Ga., Jan. 30th, 1878.

GENTS.—“Having taken your excellent Journal of Materia Medica last year, I find I cannot do without it. It surpasses many of the costly journals, and contains more interesting, as well as instructive reading matter, than any journal I have seen.”

Extract from letter of EDWARD D. JARROT, M. D., Waco, Texas, Jan. 31, 1878.

“I regard the Journal of Materia Medica as a valuable aid to the country practitioner, in fact to all, but more especially to the first named.”

Extract from letter of G. S. GRAHAM, M. D., Greencastle, Iowa, Jan. 8, '78.

“Your Journal is so useful that I cannot do without it. I find more practical information in it than in any other medical journal published.”

Extract from letter of DEWITT F. ESKEN, M. D., Shady Grove, Kentucky, Jan. 12, '78:

“I like the Journal very much.”

#### Death of Dr. Dickinson.

*For Journal Materia Medica.*

Dr. G. H. Dickinson, of Stephentown, died at his late residence on the 12th of January, 1878. His sickness was protracted for nearly eight weeks and attended with great prostration and excruciating suffering. His disease was at the outset inflammation of the bowels, but after this was subdued, and there were reasonable hopes of his recovery, an unusual form of pneumonia set in which his enfeebled vitality was unable to resist. He was fifty-six years of age, and was the oldest practitioner in the town, having begun his career in this place soon after he graduated, thirty years since. He graduated at two Medical Schools—at Pittsfield, Mass., and at Woodstock, Vermont,—both institutions of high standing at that time.

It is needless to say to his Medical brethren who knew him, that this town and region have sustained a great loss in his death. Yet it was in the intelligent families to which he ministered in the healing art, that he was estimated the most highly: those who knew him best were the most impressed with his worth as a man and a physician.

He had many natural endowments that fitted him for his profession.

His powers of observation were excellent, and hence he seldom failed in diagnosis. He studied difficult cases with unwearied patience and perseverance, often sitting hours by the side of his patient, that he might seize upon every symptom, even the most obscure, and by careful comparison, arrive at a final conclusion: his presence of mind served him in the most exciting scenes, so that he never betrayed untimely fears or uneasiness to his patient. His genial smile, the manly expression of his countenance and the evident consciousness of a mastery of his profession, inspired the sick with confidence, and imparted tone to the nervous system under great prostration. Few men appeared to a greater advantage than Dr. Dickinson in a sick room. His urbanity and dignity were marked characteristics, his conversational powers were of a high order, and made him a favorite in many families. Combined with a thorough knowledge of his profession, they gave him an unusual influence with his professional brethren in council. No better proof of his skill can be desired than the fact, that families that once employed him, almost never thought thereafter of calling another physician.

His hereditary tendency to inflammatory rheumatism, from which he had heroically suffered untold agonies, undoubtedly was the procuring cause of his premature death. Although he had practiced medicine nearly the average of human life, he still died in the midst of his days, when he seemed the most fitted to be useful in his profession, for which he cherished an intense love, and an ardent desire to adorn and honor it.

#### PHYSICIAN'S DIARY FOR 1878.

It is needless to say anything in commendation of a publication of such established merit, it being universally recognized among the profession as the best, most compact and at the same time complete work of the kind issued. The book will be issued in the usual style, elegantly and durably bound in morocco.

We print with this edition of the JOURNAL a blank form of application which can be readily detached and returned to us properly filled up with full address.

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**AND NEW REMEDIES.**

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New Series.]

MARCH 15, 1878.

[Vol. XVII.—No. 8.]

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**Malaria and Struma in their relation to  
the Etiology of Skin Diseases.**

BY PROF. L. P. YANDELL, M. D., LOUISVILLE, KY.

(Continued from page 38.)

Another exceedingly important circumstance to remember, and one so far as I am aware not hitherto pointed out, is that all malarial manifestations are not accompanied by elevation of the temperature of the body or acceleration of the pulse. Hence the term "masked intermittent fever," is not always strictly correct, as applied to cutaneous, intestinal, uterine, neurotic, and other maladies, in which malarial periodicity is oftentimes a feature. In other words, we may have malarial intermittent affections without any sign of fever. This is most common in the less intensely malarial districts. The febrile feature of malaria is most prevalent in the most intensely malarial regions.

*Therapeutical evidences of the malarial origin of acute skin disease.*—Antiperiodics, properly administered, yield the surest and speediest results in far the greater number of acute skin diseases. At the head of malarial antiperiodics stand quinia and the other alkaloids of Peruvian bark, and next stands arsenic. Iron in skin diseases, as in all others, is almost indispensable to perfect their cure. Any of the remedies which may relieve intermittent fever, and they are almost innumerable, may cure malarial skin diseases. Furthermore, malarial diseases, of whatever form, will sometimes get well without medicine. The time of the administration of the Peruvian bark salts is, according to my experience, of the first importance. They should never be given during, or immediately preceding or immediately subsequent to a malarial manifestation, whether this come in the shape of a chill, a neuralgia, a diarrhoea, a cough, or a skin eruption. They should be administered to the extent of fifteen or twenty grains, or more if need be, of quinia, or twenty to thirty or more grains of cinchonia, cinchonidia, etc., in divided doses. The first dose should be given

not more than eight hours before the paroxysm, and the last not less than two hours preceding the expected paroxysm or exacerbation.

*An imperfect list of the dermatoses which may be developed by malaria.*—Acne simplex, acne rosacea, the erythemata, urticaria, eczema, all the forms of herpes, the acute lichens, prurigo, impetigo, miliaria rubra, ecthyma, acute pityriasis; the furunculous affections, and under this head I include boils, carbuncles, felons, malignant pustules, and erysipelas; also elephantiasis græcorum, pellagra, dermal anaesthesia, dermalgia, dermal hyperæsthesia, anidrosis, bromidrosis, hyperidrosis, chloasma.

The malarial poison alone may develop cutaneous disease, and again it may require a traumatism, an indiscretion in diet, a wetting, an extraordinary heat or cold, a sudden change of atmosphere or clothing, loss of sleep, or some such thing in addition, to call forth the eruption. The performance of the natural functions, as parturition, menstruation and dentition, for instance, in persons predisposed to malarial disease, or having within them latent malaria, oftentimes excites the skin eruption.

With the mention of two additional facts which impress me as strong evidences of the correctness of my doctrine, I conclude this branch of the subject:

*First.* Negroes are far less subject to malarial poison than white persons, and they are remarkably exempt from most of the skin diseases just now enumerated.

*Second.* In India, during the height of the mango season, a severe form of furuncles is prone to occur, and these are called "mango boils," under the impression that eating this fruit produces them. Now, the mango ripens during the early portion of the rainy season, at which time malaria is most rife and virulent, owing probably to the rotting of the luxuriant tropical vegetation drowned by the water. The profuse rains soon wash off this decaying material into the streams, which carry it to the sea and also cool the atmosphere, and with these results there occurs a subsidence of the malarial fevers and the mango

boils. This fact in regard to the mango boil was furnished me by a very intelligent and cultivated Anglo Indian, some twelve months since, to whom I had communicated my views on malaria.

I now come to the second branch of the subject.

*Scrofula in Dermatology.*—Both the profession and the public are likely to obstinately combat, and indeed to resent, the idea of the origin of skin disease, for the reason that scrofula is universally considered a vulgar and disreputable disease, and no one likes to acknowledge its existence either in his person or in his family. My time will not admit of the consideration of the nature of scrofula at any length on this occasion. I believe it to be a disease of nutrition leading usually to the deposit of tuberculous matter. It affects all portions of the system. In the lungs it is called consumption, and in the glands and bones it is called scrofula. It is found in all races and climates, and no age is entirely exempt from it. It is both hereditary and acquirable. It may remain latent in the system of an individual for an indefinite period of years, and indeed it may not only remain latent in the system of an individual, but even for a generation or more, and may then be brought into active existence by some disease or injury, or by the performance of a natural function, as of dentition, menstruation, parturition, or the like. It is immensely the most prolific of all the sources of human death. It not only kills of itself, but often determines the course and the termination of other diseases.

But few physicians even, I am persuaded, have a just conception of the extended prevalence of scrofula. According to Sir James Simpson, this disease carries off seventy thousand persons annually in Great Britain, in a population of thirty millions, which is two thousand and a third to every million; and it is fair to estimate that this calculation only embraces the frank, well-defined cases, and does not include numerous deaths from obscure forms of scrofula. Lawrence, in his work on the eye, quotes Beer as follows: "*Nine-tenths of the ophthalmia in Vienna in children is scrofulous.*" In Breslau it is greater, according to Benedict, the proportion being *ninety-five per cent.*; and "*not a single family in Scotland is free from scrofula,*" according to Dr. Gregory, of Edinburgh. Dr. John Thompson, in his lectures on inflammation, says: "*It is rare to meet with an individual who has not, at some period of his life, experienced disease in some shape or another belonging to one of the several forms of scrofula.*" The latter quotations are from Lawrence's work.

In our own country, scrofula, though ex-

ceedingly prevalent, and killing more people than any other disease, is far less frequent, I am satisfied from personal observation, than it is in Europe. It is safe to attribute this to the superior abundance of our food and to the abundance of meat especially, and to the better ventilation of the houses of our masses. It may be that the commingling of blood of the many nations from which our population springs also exerts a beneficent influence. So much for the exceeding prevalence of scrofula; and no sound reason can be given why, if it be so abundant in the human system, the skin may not be its frequent seat.

The evidences of the scrofulous diathesis are easily discoverable in the language of the body of a very large proportion of persons coming under observation of the physician; but it is not necessary to enumerate here the signs of scrofula.

The following diseases of the skin are certainly due to scrofula: Lupus, psoriasis, ichthyosis, scleroderma.

The next following I believe to be due to the scrofulous diathesis: Molluscum fibrosum, chronic lichen, lentigo, veruca, albinism, scleroderma, keloid, naevus, pemphigus, and pityriasis.

The following diseases are oftenest found in the scrofulous diathesis: The more obstinate and severer forms of true acne, acne rosacea, impetigo contagiosum, herpes zoster, pemphigus, non-scorbutic pupura, vitiligo, favus, and the other vegetable parasites of the skin.

The foregoing is of course only a very imperfect list, but I trust it is sufficient to convey my meaning.

*Therapeutical proof of scrofula.*—In the scrofuloderma, as well as in all forms of scrofulous disease, our therapeutical measures are sometimes of little or no avail. In psoriasis, ichthyosis and lupus, however, I have found the antiscrofulous remedies, the constructive remedies, such as cod liver oil, syrup of the hypophosphites, syrup of iodide of iron, malt, etc., extremely reliable. This line of treatment has given me results the most satisfactory; under it these diseases are curable, and under no other are they with any degree of certainty according to my experience.

Thus briefly are the views on malaria and struma, in their relation to the cutaneous lesions, which have forced themselves upon my mind during twenty years of clinical observation. It is something more than ten years since I became especially interested in the study of skin diseases; but I must confess that their cure was most uncertain, and their management most unsatisfactory, until I learned to treat them with reference to their



causes, having first learned from clinical study that they originated in the same causes which produced the other forms of disease.

In conclusion, I respectfully ask of the members of this association a fair, careful, and critical investigation of this most important subject.

*(Continued in next number.)*

### 1803 Lunsford Pitts Yandell, Sr. 1878

It becomes our sad duty to record the death of Dr. L. P. Yandell, Sr. Known as he was personally to many of our readers, and by reputation to all, they will receive the announcement sorrowfully.

Dr. Yandell died upon the morning of February 4th, after a short illness with pneumonia. He was born July 4, 1803, and was consequently in his seventy-fifth year when he died. He was a native of Tennessee, born near Hartsville, Sumner county. He was the son of Dr. Wilson Yandell, a native of North Carolina and an eminent practitioner in his day. Dr. Yandell attended his first course of lectures in the Transylvania University at Lexington, his second course in the University of Maryland at Baltimore, where he graduated in 1825. In 1831 he was called to the chair of Chemistry in the Transylvania College, which position he held for six years, when (1837) he came to Louisville and assisted in the organization of the Medical Institute, which subsequently became the Medical Department of the University of Louisville. He filled at different times in this institution the chairs of Chemistry, Materia Medica, and Physiology. Associated with him in the faculty of the university were Caldwell, Miller, Drake, Gross, Austin Flint, J. B. Flint, Cobb, Bartlett, and other celebrities in American Medicine. He continued in the University until 1858, when he removed to Memphis, Tenn., and for a year or so was Professor of Practice in a medical school which was attempted there. During the war he was for awhile in the hospital service of the Confederacy. In 1862 he was licensed to preach by the Memphis Presbytery, and for awhile was pastor of a church in Dyeston, Tenn. Returning to Louisville after the war, he has resided here ever since.

Dr. Yandell was an author of great reputation. He edited the Transylvania Journal of Medicine at Lexington, and afterward the Western Journal of Medicine at Louisville. He took quite an active part in the conduct of the American Practitioner, and was a frequent contributor to the columns of this journal. He was an ardent student in geology, paleontology, and natural history, and pre-

pared many valuable papers on these subjects. He was an indefatigable collector of specimens, and amassed a cabinet of rare value. His literary tastes were of the highest order, and his memoirs of medical and scientific men, of which he prepared a great number, were striking examples of taste and beauty.

He prepared the paper on the "History of American Literature" for the International Congress. The last two years of his life were chiefly busied with a "History of Kentucky Medicine," which he had completed, with the exception of one or two sketches which he had wished to add, a few weeks before his death. His last contribution to the literature of his profession was a paper on "The Diseases of Old Age," which will appear in a forthcoming number of the American Practitioner.

He was president of the College of Physicians and Surgeons in 1872; of the Academy of Medicine in 1875; and at the time of his death was president of the Kentucky State Medical Society.

Dr. Yandell was twice married; first to Miss Wendell, by whom he had four children, who survive him—David, Lunsford, William, and Sarah, the widow of Isham Henderson, Esq. His second wife was Miss Bland, by whom he had no issue.

Until he was taken sick with his last illness he was remarkable for the vigor of his health—showing no signs of the advanced age to which he had lived. His step retained its steadiness, his mind its full activity, and his disposition the cheerfulness which had always been characteristic of him.

The announcement of his death made a profound impression upon the community. The various medical bodies of which he had been a member, and the profession at large in the city, met in full numbers to pay respect to his memory. His obsequies were attended by immense crowds of his personal friends and admirers, and numerous telegrams from physicians all over the country testified to the estimation in which he was held away from home.

On other occasions this and various pens will record the virtues of the illustrious dead; but the journalist may linger here a moment to pay the homage, which now forces itself upon him, to the spirit which burned to its socket.

He sees before him one who, though full of years, did not grow old, asking no odds of youth in physical or mental labor; who, while preserving the dignity of his age, invited the confidence and delighted in the society of the young, overflowing with tenderness for children; who was physically and morally brave; who, while he sought no quarrel, was one of

the readiest controversialists in America; and being in it, as Polonius advised, made his adversary feel that he had indeed a quarrel upon his hands; who, after the conflict was over, bore no malice, but was ever ready to repair the damage his blows may have inflicted.

He sees one devotedly loyal to those he loved; and if fault was imputed to him, it was for the fidelity of his service in their behalf. A gentleman born, a worshiper of Romanhood, of knightly courtesy to his equals, of never-forgetful consideration to his inferiors, of Spartan simplicity in his habits, frugal in all things save books, without a single sordid thought—for money was the last thing to enter his mind.

He sees one of an industry whose holiday was in work; who, endowed by nature with powerful intellect, had cultivated it to the highest degree of refinement; an accomplished classical scholar, deeply read in English literature, keenly appreciative of poetry, an ardent student of the physical and medical sciences of his day, and himself a writer of exquisite taste and sturdy force; one, too, who, while he was pleased with approbation of his work, was wholly free from the petty vanities of authorship.

He sees one of deep religious feeling, firmly believing in the immortality to be, striving to the utmost to be ready for its coming, illustrating his faith with quiet and constant charity; one whose whole life was passed in upholding by precept and example the dignity and usefulness of medicine; and now that the giant has fallen, he knows not indeed who will lift the sword and buckler with which he was girt.—(*Louisville Medical News.*)

#### Antiseptic Surgery.

Professor Hegar of Freiberg performed sixteen successful ovariectomies consecutively, under the following conditions: "Before each operation the theatre and the room in which the patient was to stay after the operation were purified with sulphur, and the patient, the surgeon, and his assistants bathed from head to foot. All the spectators were bound by oath not to have entered a dissecting-room for eight days, nor to have visited any case of infectious disease, and to have thoroughly disinfected their clothes. Further, before each time of using, all the instruments and sponges were washed with pure chlorine water, the abdominal cavity and every suture were washed with chlorine water, and the wound in the abdominal walls was thickly covered with salicylic or carbolic wool.—*The Sanitarian.*

#### The Useful Species of Viburnum.

By PROF. JOHN M. MAISCH.

*Read at the Pharmaceutical Meeting, January 15, 1878.*

The genus *Viburnum*, which belongs to the natural order Caprifoliaceae, tribe Sambuceae, attracted my attention more closely when, in July last, a correspondent in Georgia sent me some branches of a woody plant, stating that the specimens came from near Orange Springs, Florida, where it was regarded as possessing valuable medicinal properties as a substitute for quinia; the shrub was said to bear a small black berry, and to be called there *black haw*, but it was mentioned that it differed from what is known by the same name in other parts of the country. Although the specimen was not accompanied by flowers or fruit, its characters were such as to lead to the supposition that it might belong to the genus *Viburnum*, and this was verified by comparing it with the plants in the College herbarium, with one of which it entirely agrees.

*VIBURNUM OBOVATUM, Walt.*—This species is mentioned in Gray's "Manual" and in Chapman's "Flora of the Southern United States," the latter of which describes it as a shrub 2 to 8 feet high. It occurs on river banks from Virginia to Florida and westward. The branches are opposite and covered with a thin brown or reddish-gray bark, which adheres firmly to the white wood; in the youngest branches the bark is more green, but soon becomes covered with minute brownish, corky warts, which, on becoming confluent, give the older bark a somewhat irregular striate appearance. A distinct ridge runs from the base of each petiole downward to the next internode, and may be observed, also, on somewhat older branches, but gradually becomes indistinct through the development of the surrounding corky tissue. The leaves are small, about  $\frac{1}{2}$  to 1 inch long, opposite, thick, varying in shape from broadly obovate to spatulate, obtuse at the apex, wedge-shaped at the base towards the short petiole, and on the somewhat revolute margin either entire or slightly crenate or denticulate, chiefly towards the apex. Both surfaces are smooth, the upper one being dark-green and glossy, the lower one more greyish-green and marked with numerous minute brownish dots. The inflorescence consists of small sessile three-rayed cymes, with white perfect flowers, which produce small ovoid-oblong black and one-seeded drupes. The wood is tasteless, the bark has quite a distinct bitter taste; but the bitterness of the leaves is by far more persistent. As far as may be judged from the taste, the leaves would appear to mainly possess whatever medicinal virtue may reside in the plant;

how effectual they may be as an antiperiodic I am unable to say.

**VIBURNUM PRUNIFOLIUM, Lin.**—Dr. Phares, of Newtonia, Miss., in 1867, called attention to the properties of the bark of this species, ascribing to it nervine, antispasmodic, tonic, astringent and diuretic properties, and recommending it as particularly useful in preventing abortion and miscarriage. The species is a tall shrub or small tree, from 10 to 20 feet high, growing in thickets, and is readily recognized by its oval or obovate, sharply serrulate leaves, which are opposite, glossy above, about two inches long and raised upon short, slightly margined petioles. It occurs in the United States from Connecticut south to Florida and west to Mississippi, and is generally known as *black haw*, the fruit being a small edible blue-black drupe, containing a flat and smooth putamen. The leaves, like those of the allied *Vib. nudum, Lin.*, and its variety *Cassinoides*, have occasionally been used as a substitute for tea.

**VIBURNUM OPULUS, Lin.**—This species is quite extensively distributed. It is indigenous to Canada and found in the northern United States and southward along the Alleghanies to Maryland; likewise throughout a great portion of Europe and of the northern section of Asia. In favorable localities it attains a height of 12 to 15 feet, but is more generally a lower shrub, with a grey or greyish-brown bark, broad, three-lobed, toothed or crenate leaves, and globular, acidulous bright red drupes, having a flat, smooth putamen. From the resemblance of the fruit to the cranberry, this species is known on this continent as *high cranberry* or *cranberry tree*. The shrub preferring moist locations, and the inflorescence resembling that of the alder, its popular German name is *Wasserholder* or *water elder*, *sambucus aquatics*, under which name it was formerly official. A variety produced by cultivation, has all the flowers sterile and the cymes more or less globular and showy; it is known by the name of *snowball* and *Guilder-rose*. The indigenous species was described by Pursh as *Vib. oxycoccus* and *Vib. edule*.

The bark and flowers of the water elder were formerly employed for their supposed alterative and antispasmodic properties, the common name *cramp bark* indicating the popular estimation in which it was and is, perhaps, still held in some localities. The fruit has the general properties of acidulous fruits, and where it is frequent is sometimes used in place of the cranberry.

**OTHER NORTH AMERICAN SPECIES OF VIBURNUM.**—Chapman enumerates nine species as being indigenous to the Southern United States east of the Mississippi; of this number

only one, *V. scabrellum Tor. and Gr.*, is peculiar to that section, while the remaining eight are likewise found in the Northern States, some extending into Canada; three additional species are found in the northern section, making twelve indigenous to the United States. Aside from *V. prunifolium*, referred to before, the following are met with from the New England States southward to Florida, the last two (perhaps all three) being likewise indigenous to Canada; they are: *V. nudum, Lin.*, or *white-rod*; *V. dentatum, Lin.*, known as *arrow wood*, and *V. acerifolium, Lin.*, or *docmackie*. Their leaves have a bitter taste, while the bark is bitter and astringent. I am not aware that they are medicinally employed in any part of North America.

**EXOTIC SPECIES.**—De Candoll's *Prodromus* enumerates altogether 47 species, besides four doubtful ones from Japan, which are insufficiently known. Deducting those which are at present regarded as mere varieties of other species, the number is reduced to about 40 species, 28 of which are exotic and distributed over Europe, the Canary Islands, Africa, Asia, the East Indian islands, West Indies and South America. Only a few of these appear to be put to some use.

**VIBURNUM DABURICUM, Pall.**, produces a sweet fruit, which is eaten in its native country, the eastern section of Siberia.

**VIBURNUM TINUS, Lin.**, is known as *laurestine* or *bastard laurel*, the *laurier-thym* of Southern France, on account of its evergreen, glossy leaves, which are entire and slightly revolute at the margin, and hairy on the nerves beneath. It is occasionally met with in cultivation, and produces black-blue drupes, which are said to possess cathartic properties, and are, in some localities of the Mediterranean basin, employed as a remedy in dropsy.

**VIBURNUM ODORATISSIMUM, Ker.**, from China, is likewise occasionally met with as an ornamental shrub; it is evergreen, and has the leaves somewhat toothed and dense cymes of white, very fragrant flowers.

**VIBURNUM LANTANA, Lin.**, occurs in thickets of central and southern Europe, and is known as *litby tree* and *giddy berry* (Schwindelbeere). The grey-brown, smooth, or when young, mealy pubescent bark has an acid taste and produces blisters when applied to the skin in the fresh state. The leaves are oval or ovate, sharply serrate, and mealy pubescent on the lower surface, have an astringent taste, and were formerly used in diarrhoea and similar complaints. The fruit when fully ripe is black, mucilaginous, sweet and astringent, and was employed in various inflammatory diseases. The branches have been used for making pipe stems.

**CHEMICAL INVESTIGATIONS.**—The species mentioned above comprise all, I believe, which have been more or less employed in medicine, and of those only two have been subjected to chemical investigations.

During his patient and elaborate researches on the constitution of fats, Chevreul observed in the berries of *Viburnum opulus* a volatile acid, which he recognized as identical with the phocenic acid discovered by him in the fat of the dolphin. Afterwards Dumas proved phocenic acid to be identical with valerianic acid. H. Krämer (1834) examined the volatile acid obtained from the bark of the same shrub, compared this *viburnic* with valerianic acid, and found it to differ from the latter in odor and in the characters of several salts; however, the analytical results obtained by L. von Monro (1845) appear to establish the identity of the two.

Valerianic, besides acetic and tartaric acid, was found by Enz (1863) also in the berries of *Viburnum lantana*, which contain likewise a tannin coloring iron salts green. Krämer found in the bark examined by him malic acid and tannin, giving a blue reaction with iron salts.

The bitter principle called *viburnin* was isolated by Krämer from the ethereal extract of the bark by treating it with hot water, removing the tannin from the solution by means of hide (parchment), and decolorizing afterwards with animal charcoal; the colorless liquid left on evaporation a light-yellowish mass, which yielded a nearly white powder, of neutral reaction and purely bitter taste; it was slightly soluble in water more freely in alcohol, and on incineration left a little ash.

Enz found in the fruit of the species mentioned an acrid and a neutral bitter principle, the latter being yellow, hygroscopic, readily soluble in water, and uncrystallizable, even after dialyzing it; the fruit was boiled with lime and water, the filtrate neutralized with muriatic acid and treated with animal charcoal; the latter was washed, dried and exhausted with alcohol, the solution evaporated to a syrupy consistence, deprived of the acrid principle by ether, and then evaporated.

Leo's experiments (1834) for determining the nature of the coloring matter of the fruit of *Vib. opulus*, did not yield any important results.

The remaining constituents were those very generally distributed throughout the vegetable kingdom, such as pectin, resin, fat, gum, etc. It would be of interest to ascertain the nature of the bitter principles contained in the two first-named species, both of which are indigenous to this country and called black haw.—*American Journal of Pharmacy*.

### Belladonna in Pathological Sweating.

W. C. CHAPMAN, M. D., TOLEDO, O.

The peculiar effect of belladonna upon the salivary glands has long been observed; a sense of dryness always following its administration if the dosage is sufficiently large to produce its full physiological effect. Some persons are more susceptible to the influence of the drug than others, and it is remarkable how small a dose will in some cases cause unpleasant dryness of the fauces. This action is supposed to be due to the influence of the drug upon the chorda-tympani nerve supplying the submaxillary ganglion. Noticing this effect, belladonna has been employed in cases where there is excessive discharge from the salivary glands or salivation, and is equally effective whether this discharge is brought about pathologically or by the administration of agents which have the power to increase the flow, as *jaborandi*.

Another effect noticed after the use of belladonna is the development of a rash upon the surface of the body much resembling that of scarlatina, and it has been found that the action of the skin is materially interfered with, especially the perspiratory glands, the effect being the same as noticed occurring in the glands of the mouth. It is this power of decreasing the flow of perspiration to which I would call attention in this article.

Prof. Vulpian, after a series of experiments made during the past four or five years, has demonstrated the efficacy of atropia in sweating as occurring in phthisis, rheumatism, prolonged suppuration, convalescence, etc., and noticed that the effects were obtained after only a few days' administration, even in cases of profuse sweating during the course of tubercular disease. In most experiments the effects were permanent after eight or ten days' administration.

Although the experiments made by Vulpian were with the sulphate of atropia, I do not believe any better results were obtained than if the belladonna itself had been employed, and my own experience derived from a number of cases treated with the fluid extract of the drug, leads me to believe that the same therapeutical effect is obtained as where the atropia is administered, and certainly the risk of excessive effects is not nearly so great.

There is scarcely a remedy which acts more uncertainly than does belladonna, that is, the dose borne by the various patients is so exceedingly variable that each case must decide the size necessary to produce the desired therapeutical effect. Cases of poisoning have been recorded where the dose of the extract did not exceed one-fourth of a grain every four hours, and others may take with impu-

nity twice the quantity, this fact only becoming apparent after experimentation. I remember treating a case of poisoning which was occasioned by a single dose of ten drops of the fluid extract; the symptoms were marked and the narcotic effect fully developed.

In a case of cephalalgia occasioned by turgescence of the blood-vessels of the brain, I recently observed marked dilatation of the pupil and dryness of the fauces after three or four teaspoonful doses of a combination of bromide of potassium and fluid extract of belladonna, in which there was but one and one-half drops of the latter drug to each dose.

The power of belladonna over the excessive perspiratory action of the skin I consider is marked, and I would urge that the profession would employ it in such cases as I have indicated, but would also caution against the administration of any but the minimum as the commencing dose, observing carefully the result, and cautiously increasing the quantity administered, as the susceptibility of the patient to its action is ascertained.

In all cases I prefer the fluid extract for internal administration, and am satisfied that as satisfactory results are obtained from it, as when the atropia is selected. The commencing dose of atropia is given as 1-60 of a grain. I have repeatedly noticed the full effect after the employment of 1-100 of a grain repeated two or three times during intervals of four hours. Certainly I do not feel safe in prescribing this active remedy, to allow it to be given to the patient according to written directions on the label of the vial. I always watch carefully the effect of each dose and diminish or increase it as the susceptibility of the patient is shown by observation. In general practice I would therefore advise the belladonna itself in the form of fluid extract when given as a routine prescription to meet any desired indication. Further observation will certainly establish its usefulness in all cases for which the atropia is suggested by Prof. Vulpian.—*Toledo Med. & Surg. Journ.*

### Ergot in Pneumonia.

BY J. B. YEAMAN, M. D., CRYSTAL CITY, JEFFERSON COUNTY, MO.

The contractile powers possessed by ergot over circular muscular fibre, being well established, and having read of its value in hæmoptysis, and also an article, "A New Abortive Treatment of Pneumonia," by J. B. Searce, M. D., of Chillicothe, Ohio, published in the *Medical and Surgical Reporter*, March 31, 1877, I decided to try it in the first stage of this disease, and having tried it. I desire to report to the CLINICAL RECORD the success

of that trial, this being one among a very few results in *treatment* which has had the effect of infusing into me a degree of enthusiasm. I will not ask of your valuable pages space for a detailed case of ordinary, simple pneumonia, but will simply give treatment, range of temperature, pulse, and result.

Dec. 13, 9 a. m., forty-eight hours after rigor, patient, J. B., aged thirty, male. The general signs of the disease, as dullness, crepitant rale, bronchial breathing, (in opposite lung), rusty sputum, dyspnoea, etc., all well marked. Temperature  $104\frac{1}{4}^{\circ}$  F., pulse 108. Had taken, before I saw him, a large dose of calomel, which moved the bowels freely, several times.

12 m., commenced taking ergot, fl. ext. 3 ss, every two hours. Temperature  $105\frac{1}{4}^{\circ}$  F., pulse 116; 4 p. m., temperature  $105^{\circ}$ , pulse 112.

Dec. 14, 9 a. m., temperature  $104^{\circ}$  pulse 104. The medicine was taken several times during the night. Dyspnoea less troublesome, sputum contains less blood, cough much less painful and frequent. Sweat profusely for two hours early this morning. Skin moist. The medicine has produced stupor, patient easily aroused. No pain when quiet. Ordered

R Ammon. muriat. .... ʒij.  
Syr. scillæ .....  
Glycerine, aa ..... ʒi.

M. S. Dessert spoonful every two hours.

12 m., temperature  $103^{\circ}$ , Marked improvement in every way.

4 p. m. temperature  $102\frac{1}{4}^{\circ}$ , pulse 100. Drowsiness increased. Expectorations very slight and free from blood. Apparently suffers no pain whatever.

Dec. 15, 6 a. m., temperature  $101\frac{1}{4}^{\circ}$ , pulse 108. Has eaten nothing for sixty hours; ordered beef-tea and chicken broth. 8 p. m., temperature  $100\frac{1}{4}^{\circ}$ , pulse 100, skin moist and cool, constant stupor. 8 p. m., discontinue ergot till morning.

Dec. 16, 9:30 a. m., temperature  $99\frac{1}{4}^{\circ}$ , free from pain and inclined to be jocular; ergot ten drops every two hours. 4 p. m., by a misunderstanding, no ergot since yesterday evening, temperature  $101\frac{1}{4}^{\circ}$ ; ordered 3 ss doses to be given again to be taken during the night.

Dec. 17, 9 a. m., fourth day, found patient up eating breakfast with his family; he was much vexed at being put back to bed. From this time convalescence was uninterrupted and perfect. Patient was kept in doors till the 20th, when he was discharged and told he might go at large.

I trust this treatment will receive attention at the hands of the profession, and I especially beg of my old hospital associates to give it a trial.—*St. Louis Clinical Record.*

For Journal Materia Medica.

### An Instructive Case.

BY E. R. MAXSON, M. D., L. L. D. OF SYRACUSE,  
NEW YORK.

Mrs. ———, a married lady, about 50 years old with a tolerable constitution and good habits, except that of eating irregularly and before going to bed, became dyspeptic in the autumn of 1876; and during the spring of 1877 grew anæmic and very much emaciated. She was treated during the spring and summer by a Homeopathist, for disease of the liver, I believe, and in early winter by a medical gentleman, who, discovering a tumor in the right epigastric region, pronounced it of the liver. Her dyspeptic symptoms and emaciation continued in spite of all the treatment pursued in the case, up to the time I first saw her, Jan'y 11th 1878. And a short time before this, about two weeks I believe, the right thigh and leg became very much swelled and exquisitely painful; and for many months she had suffered with an almost constant peristaltic action of the small intestines, causing them to raise up into hard bunches, keeping her very uneasy, her bowels being then, and as a habit, badly constipated.

I found on examination, that my fingers could pass between the tumor in the right epigastrium and the liver, rendering it certain that it could not be *hepatic*. And feeling readily a large tumor, evidently an impacted *Cæcum*, as it occupied the position where the large intestine commences; and also fullness along the ascending, transverse, and descending colon, I came to the conclusion that the pressure of this large mass of retained matter in the cæcum, upon the common iliac veins and lymphatics, had caused the great swelling and pain in the right thigh and leg, and so stated to the family; and, that the tumor in the right epigastrium might be pyloric *scirrhus*, or possibly retained *scybalæ* in the colon, as that portion of the large intestine, though not large, was evidently full and impacted. I further stated, that as she had formerly used *hair dyes*, some portion of the large intestine might be contracted and thickened, as I had sometimes found it from that cause, in other cases.

I gave her pepsin, alkalies, tonics, &c., to unload the large intestine, a teaspoonful of Tilden's Fluid Extract of Dandelion every morning, and at evening his excellent Fluid Extract of Rhubarb, in the same doses, with a teaspoonful of Sulphate of Magnesia, directing injections with beef's gall, a teaspoonful, to aid in dissolving and bringing away the retained *scybalæ*.

On the third day, a large amount of the partially softened matter came away, removing the pressure upon the right iliac vein, lym-

phatics and ureter; and with this disappeared the swelling of the right leg and thigh, and intense pain in the region of the right kidney, which had been distressing.

But now a fullness in the left iliac region, revealed a more impacted state of the descending colon, and especially about the sigmoid flexure, which was rapidly succeeded by a severe pain and swelling of the left thigh and leg, evidently from its pressure upon the left iliac vein and lymphatics; the kidney too, of that side, suffering from undue pressure upon its ureter. This condition continued for two days, when by a thorough clearing out of the large intestine the swelling and pain subsided, as it had on the right side, and the patient, being very little more than skin and bones, was left without pain or swelling. The tumor in the right epigastrium, though appearing smaller still remained, continuing my suspicions of pyloric *scirrhus* or cancer of the stomach.

She had no more of that distressing peristaltic action of the small intestines; took some nourishment, slept well, and except a slight diarrhœa was comparatively comfortable for about one week, when she very quietly passed away with little apparent suffering.

By request of the family, I examined the body 36 hours after death and found the transverse colon contracted, to about two-thirds its natural size, and, as I believe from the lead in hair dyes used ten years before,\* precisely as I have found in other cases that had been poisoned with lead.

The *cæcum* was enlarged to about twice its natural capacity, being empty as was also the colon throughout. The right *kidney* was loose and congested to about twice its natural size, blood freely oozing from an incision in its cortical substance, evidently caused by the long continued pressure of the impacted *cæcum* upon its ureter, where it passed over the brim of the pelvis. The pyloric extremity of the stomach and commencement of the duodenum constituted a solid *Scirrhus* about four inches long and two inches thick, the pyloric orifice being narrowed so as scarcely to admit the little finger, and very tortuous in its course and being the result as I believe, in part at least, of the impacted colon making constant pressure upon it, doubtless for many years. The other organs were healthy and normal in their appearance, the liver appearing entirely so.

There may have been a scrofulous tendency in this case, and very likely a scirrhus predisposition. Irregularity in taking food from childhood, had doubtless increased both.

\*She had also been more recently, badly exposed (in a newly painted room) to lead.

Spasmodic contraction of the transverse colon from lead in hair dyes, and from paints inhaled, doubtless lead to the impacted *cæcum*. This, by pressure upon the ureter evidently congested, enlarged and loosened the right kidney, and together with the impacted colon may very likely, by undue pressure upon the pyloric extremity of the stomach and duodenum, have been the local existing cause of the Scirrhus or cancer, which was the cause of death in this case.

No. 208 Madison St., March 12, 1878.

For Journal Materia Medica.

### Druggists vs. Doctors.

BY A. J. GARDNER, M. D.

In the January number there appears a reply from a physician in Wisconsin to a letter in a previous journal, in which he makes some wholesale and rasping charges against the druggists for the adulterations found in medicines. There may be a little truth in the matter, and a good deal that is not truth.

The undersigned, an "M. D." (whatever that signifies now days), a practicing physician for twelve years, and since then, seventeen years a retail druggist, would say that from his standpoint there is fault on both sides. In the first place there are a great many so-called druggists in the country who place a paregoric bottle in front, and a whiskey bottle in the rear of their stores, and we find physicians patronizing such places. There is another class of men who think like this doctor, that there is an *enormous* profit in the drug business, and in States where there is no law regulating the drug trade, you will find a large class of men engaged in the business, as in this state (Ohio), who to make money, go into market and buy the cheapest class of drugs they can find to compete with, perhaps, some honest legitimate druggists, and you will find lots of physicians patronizing that style of druggist *because they can buy cheaper*. Both of these classes of druggists, as soon as they get a little smattering of the business will begin to prescribe over the counter, thinking to increase their reputation as druggists, and save their patrons a physician's fee. Another class of druggists, perhaps two in ten, are straight forward men who have acquired a knowledge of the business in all its branches, and the drug business is almost as much of a profession as the medical practitioner's. This class of men, conscientiously and honestly, buy only the best and purest medicines from wholesale druggists who are equally honest and upright in their business, and of course have to pay a large advance over the price of cheap, adulterated stuff, and many physicians

will refuse to pay a reasonable profit on these prices, and go away calling him a "fraud and cheat" because he asks more than his neighbor druggist of the former class. The physicians often *force* druggists to do the very thing this doctor condemns. In regard to the "query who owns the prescription" would say most certainly the man or woman who got it from the physician. No druggist has a right to keep it unless the customer is willing. If not, he can take a copy, and the owner of the prescription can go to as many drug stores and get it filled as he wishes, and can give copies of it to his friends. When the physician gets his pay for it, that ends his control of it. This does not appear to be right, but it is one of those acts that cannot be governed justly.

In the rural sections, or where we are doing business, the physicians carry the *essentials* with them. It would be an outrage for a physician to go a number of miles and leave a prescription where there is no drug store near. But it is not expected he is going to carry a drug store with him, and if anything was needed out of the ordinary run of pocket cases or "pill bags," there is no impropriety in his giving a prescription to the nearest drug store. In the multiplicity of good remedies for the cure of diseases put up by the many pharmacists of the country, it would require more money than many physicians would like to invest to keep a stock on hand, unless they have more money from their practice than ours do.

Our place, as we said before, is a rural country, and a small village, with four physicians who carry medicines in their pockets, and also give perscriptions, and to accommodate them we have ninety bottles of fluid extracts, mostly Tilden's, constantly on the retail shelves, besides duplicates of same kinds in stock, requiring an investment constantly of from two to three hundred dollars, besides a large assortment of pills and granules, and a general drug stock. It is a great accommodation to these physicians, saving them a large investment. A perfect, as far as possible, understanding exists, and no prescribing over the counter is allowed, neither is the patient *skinned* alive by paying the physician for the advice and prescription, and the druggist for the medicine. They would pay the physician the same amount if he furnished the medicine; and if he had to charge it, as most of the physicians have to do, where would he find money to keep up his stock of medicines. The patient and the druggist would have to fight it out "on that line" if he could not pay, and if he trusted him and never got his pay he would be out of cash, whereas the physi-



cian would only be out a little draft on his brains for the advice, and a little muscle in writing out a prescription on the blank furnished by the druggist.

The great trouble is that there is too much of a jealous feeling existing in the profession, and it crops out in many instances by the domineering very many physicians attempt over the druggist—I mean a *legitimate* druggist, not a shyster; and if physicians vouched me their influence and patronage to help sustain the druggist, it would be reciprocated, and a better feeling, without infringing on the province of either party, would prevail, and it would not cost the patient any more money in the end. But when you find grasping physicians with wishes to monopolise all, and a shyster druggist who is determined to make *enormous* profits, then it may be assumed that cheap adulterated drugs will be the order of the day, and depleted pocket-books in the pockets of the patients, with war all around the horizon.

A well assorted drug store with a good honest druggist in it, is a benefit to not only the physicians, but the people of any country, and such sweeping charges as are made by the Wisconsin man are not just in order. If the various medical societies of the country would throw their influence against patronizing any but qualified men in the drug trade, there would be fewer accidents and less complaint. But there is a reform needed amongst the doctors as well as the druggists, before we can expect perfection.

#### Guarana in Migraine.

(*Louisville Med. Times*, Aug. 4th, 1877).—A correspondent of the *Brit. Med. Jour.*, after the employment of guarana in a great many cases of this affection, comes to the following conclusions:

1. True migraine, marked by acute frontal pain, commencing on one side, occasionally both, or going from one side to the other, usually lasting from twenty-four to forty-eight hours, with or without sickness, and relieved or cured by sleep, whether caused by errors in diet or not, will almost invariably yield to it.

2. In young persons, in whom the habit is only commencing, not only does it cure each individual attack, but by persevering, the habit itself is broken.

3. One cause of failure is the smallness of the dose, so that in many cases in which it had been tried before and failed, an increase of the dose had been followed by cure. Twenty-five grains of the powder is the dose for an adult female, half a drachm for a man: less, of course, for younger cases, repeated in one or two hours, if necessary.—*Detroit Lancet*.

#### Non-poisonous vs. Poisonous Disinfectants.

Messrs. TILDEN & Co.:

My attention has been called to a circular which I herewith enclose, presenting the claims of a French preparation called *Girondin* and which attempts to cast some imputation upon your new disinfectant Bromo-Chloralum, claiming it failed in some experiment which was made with it. I have used your article in a great variety of cases with the utmost satisfaction, and would cheerfully add my testimony to that of many others who have used it with like success. One bad feature in this circular is an evident attempt to deceive the reader into an impression, which a critical reading does not convey; and another is the attempt to sell an article by creating a prejudice against yours. Have you any knowledge of this French article? Yours,

L. ROGERS, M. D.

With great pleasure we answer Dr. Rogers, and should we deem the matter worthy of further notice, will at another time give in detail the facts and circumstances which have been construed into a practical deception and fraud upon the profession and public.

The article called "*Girondin*" is a French article. The Patent says, "The invention consists of a combination of the following ingredients, to wit:—"Sulphate of Zinc, Acetate of Copper and Crystallized Baryta, Phenic Acid and Scented Liquid or Essence." (Phenic acid is Carbolic acid). All these articles are poisonous in almost any proportion, and appear to be flavored or scented to cover their character. They are almost identical with the articles enumerated and recommended by one of the officers of the Sanitary Committee in a communication to a Medical Journal.

Since the introduction, some six months ago, of the New Disinfectant, "*Bromo-Chloralum*," prepared by us, it has attracted very largely the attention of the Medical Profession, and much interest has been manifested in it as a superior deodorizer and disinfectant, combining styptic, antiseptic and alterative properties, without the objections which attach to almost every agent hitherto employed for these purposes.

We have not contented ourselves with the results of a few isolated and remote experiments, but have sought and encouraged trials of the article at the hands of well known and eminent men in the profession, in a great variety of cases indicated by the wide range of its application, which reached the greater part of all the circumstances which call for the special and general uses of such an agency, especially those circumstances where poisonous and odorous agencies cannot be used



with safety to patients, or immunity from the liability to serious accidents in the hands of attendants and employéas.

Every Physician in extensive practice, has often felt the necessity for such an article as Bromo-Chloralum, a *non-poisonous, odorless* and harmless agent free from the dangerous presence of any metallic or other poisonous properties, admitting of free use in the hands of servants and uneducated persons, and at the same time, efficient and decided in its action.

Before presenting the Bromo-Chloralum however, to the profession and public, we had made a great variety of careful tests, while we were receiving letters of professional men and laymen showing results which we ourselves had hardly anticipated, and now we have such an accumulation of facts, as well satisfy any unbiased mind, of the real merits and value of this article over any and everything hitherto employed, when its economy, safety and adaptation to general use are considered.

That any public organization having the general health of the public in view, should give a recommendation in any sense or in any way that could be used to entrap the innocent public into the use of *rank-poisons*, has been and should be commented upon with severity; it is unpardonable. Dr. Brockett in his work on Asiatic Cholera says:—

"A French chemist prepared a secret disinfectant containing some of the corrosive salts of copper and zinc, and possessing the property of cauterizing or cooking all animal tissues with which it is brought in contact. To this preparation he has given the name of *Girondin*, for what reason, unless from its destructive properties, it would be hard to say. Its use must of course be restricted, for it is too corrosive to be applied to clothing, to the skin, or to any sores or wounds, or to furniture."

FROM THE NEW YORK DAILY NEWS, THURSDAY, SEPT. 12, 1871.

Safe and Unsafe Disinfectants,—Our attention has just been called to recent experiments made by the Board of Health with various deodorizers, and particularly to a disinfecting compound called "*Girondin*," which was found during these experiments to be a prompt deodorizer and disinfectant. We had already noted the result arrived at in the experiments made by the Board, and referred to in its report of August 14th, and have carefully examined the "*Girondin*," to which our attention is called. Knowing the composition of the latter, we were prepared for the result of the experiments, and for its subsequent successful employment in deodorizing

filthy and offensive streets. To this extent it may doubtless be useful, but as the greatest good to be obtained from deodorizers and disinfectants must be in populous dwellings like our tenement houses, and in markets, slaughter-houses, jails and hospitals, as well as in eleemosynary institutions, many of which contain a large number of children, and in some of which the idiotic and the insane are provided for, we have questioned and still question, the property of distributing through the various parts of such institutions, where disinfectants may be required, a disinfecting compound known to be poisonous; and we still adhere to the opinion that a deodorizer and disinfectant, like the BROMO-CHLORALUM, which is entirely free from poisonous properties, and, if necessary, can be even safely used for the preservation of edibles, is the proper agent for employment within doors for purposes of purification and disinfection. The principal ingredient of the "*Girondin*," is acetate of copper, which, we need hardly say, is a virulent poison, and its scarcely less dangerous associates in the combination are phenic acid and sulphate of zinc. With the knowledge of this fact, we cannot conscientiously advise its employment by the public, and have not been able, for the same reason, to approve of its adoption by the Board of Health.

#### THE DANGER ATTENDING THE USE OF DEODORIZERS.

The people should not depend upon the sanitary authorities to rid the city of pestilential odors. They should discharge that important duty for themselves. Every citizen is competent to select his deodorizer by the light which has been furnished on the subject. No man with a family will be imprudent enough to choose one which fills the air with one effluvium while expelling another, or that leaves poisonous particles behind which may become mixed with food or accidentally dissolved in water used for drinking. There are various deodorizers, all of which are more or less efficient, but all of which are not equally innocuous and inodorous. Carbolic acid is esteemed a good deodorizer, but it is at the same time a potent odorizer, besides being a rank poison. Chloride of lime is hardly less offensive or less dangerous; and an article known as "*Girondin*," which has been virtually abandoned by Boards of Health in European cities on account of its poisonous properties, arrests putrefaction as fire or any of the corrosive acids would arrest it—by consuming the putrefying substance. None of these articles can be sprinkled in sinks or outhouses, or employed in purifying the atmosphere of sick rooms without incurring great danger, especi-

where there happen to be children or ignorant nurses. The deodorizer which sensible people will select will be one that is attended by none of these dangers, and that if swallowed by accident will not poison, not even sicken.—August, 23, 1871.

**A QUESTION OF VITAL SANITARY IMPORTANCE.**—The Board of Health, after enumerating the streets which they say they have disinfected with fresh, slacked lime, speak of having, in other localities, used the Girondin disinfectant, which they allege proves by far the most effective. If the "Girondin," which is a secret agent, the composition of which is studiously kept from the public, be the most effective, why trust to slacked lime in any case? It is due, however, to the public that they should be apprised of the composition of this agent, that, as far as has been ascertained, contains elements of the most poisonous character, which it would be unsafe to scatter indiscriminately in the streets, and least of all in private houses. Its active disinfecting and deodorizing properties are, we learn, dependent on the presence of a deadly salt of copper, which even in a state of dilution to the extent of rendering the compound inefficient, might kill more people than it would protect from disease. Prudence, it would seem, should dictate the employment for disinfecting and deodorizing purposes of some agent that is not open to the charge or even the suspicion of being poisonous and one that is proven to be both innocuous and inoffensive. While we have such an article manufactured at home of known ingredients, and at small cost, why should we have recourse to a foreign nostrum, the composition of which it is not considered advisable to disclose? [Sept. 1, 1871.]

**A VERY SIGNIFICANT CAUTION.**—When there was great alarm entertained during the prevalence of yellow fever at Governor's Island, carbolic acid was freely distributed for disinfectant purposes, and notwithstanding its peculiar odor was a perpetual warning to careless and incautious people, there were several instances in which it was swallowed by mistake, and occasioned death. This was, no doubt, one of the reasons that led the Board of Health to discard it as a sanitary agent. It is unfortunate, however, that in its place they have substituted a disinfectant which is more poisonous even than carbolic acid, and less liable to be recognized, because less odorous than it. We refer to what is known as the Girondin disinfectant, the principal ingredients of which are acetate of copper, commonly though inappropriately called "distilled verdigris" and sulphate of zinc, which poisons in small doses and vomits

in large ones. To render this or any other deodorizer and disinfectant efficient, it must be freely and generally employed, not only by the sanitary authorities, but by private individuals as well, and must necessarily be placed where, by inadvertence, it may become mixed with food, and, when almost colorless, may be mistaken for water. We strongly urge on the Board of Health that in all cases where they distribute this dangerous disinfectant among the people, every bottle containing it should be conspicuously labeled "*poison*," as a warning to those who can read, and over the word "*poison*," for the benefit of those who are unlettered, there should be placed in vivid colors and in the most hideous form a skull and cross bones which are always recognized as a symbol of danger, and would instantly arrest the attention of even the most ignorant. Such precautions, though they may not serve as a protection in all cases, will undoubtedly be a warning to many who might otherwise be exposed to imminent danger by the employment of the article in question for sanitary use in their dwellings. [Sept. 7, 1871.]

#### Strychnine as an Expectorant.

In this season of bronchitis it may be practically useful for your readers to know the great utility of strychnine as a true expectorant by its action upon the respiratory centre. Like ammonia, it does not act upon the mucous lining of the air-tubes, but nervous centres of the respiration. The experiments of Prokop, Rokitsansky, and others with this agent show that it has a decided action in stimulating the respiration by acting upon the respiratory centre in the medulla oblongata. Ammonia acts in the same manner. Ammonia is commonly added to cough mixtures for its stimulant, expectorant effect. It enables the patient to respire more perfectly, and so to expectorate the phlegm more effectually. This is of the utmost importance in bronchitis when the stage of free secretion is reached and the air-tubes are full of mucus and the patient is in danger of choking. Here the battle lies betwixt the powers of the patient and impending exhaustion. The ordinary mixture of carbonate of ammonium, spirits of chloroform, and senega is very useful; and some tincture of squill will be found a useful addition. But increasing clinical experience of strychnine leads the writer to the conclusion that of all agents which exercise a stimulant effect upon the nervous mechanism of the respiration strychnine is one of the most potent and useful. Strychnine acts powerfully upon the expiratory part of the

respiratory act, and kills, by producing spasm of the muscles connected with expiration. It is very useful, then, when expiratory efforts are required for the expulsion of mucus gathered in the air-tubes. In chronic bronchitis, with emphysema, it is of great service, and in the dyspnoea connected with advanced Bright's disease it is very efficacious. It produces good effects when given alone, and is a useful addition to ordinary cough-mixtures. A combination of carbonate of ammonium, tincture of nux vomica, and tincture of squill is a most excellent mixture for dyspnoea, and generally procures them "more breath," as they phrase it.

One of the most important matters connected with such use of strychnia is its relation to sleep. In many of these cases sleeplessness is a prominent factor; and sleep can be procured only by a narcotic. But while the narcotic acts upon the nervous system generally, it also acts upon the respiration, probably at its centre in the medulla, and the patients are apt to wake up with an attack of dyspnoea. A series of cases has demonstrated that by the use of strychnia the respiration is so improved that the patient can go to sleep without the narcotic, and, more than that, sleep fairly well, and be quite free from attacks of breathlessness, which awaken the patient and cause him to add voluntary respiratory efforts to the automatic act of respiration. By resort to strychnine these cases can be much relieved. In a case seen recently of complex lung and heart mischief, to which was added chronic chloral poisoning, the good effects of strychnia were very marked. The patient was almost at once relieved from the attacks of dyspnoea in the middle of the night, to which he had long been subject. By the use of strychnia during the day, a narcotic pill at bedtime is often deprived of its tendency to produce nocturnal dyspnoea; and strychnia may be usefully prescribed in cases of shortness of breath, where there has been also long indulgence in hypnotics. There is no such thing in this world as unalloyed good, and strychnia, so used, sometimes acts so powerfully upon the bladder-centres and produces such irritation there as to necessitate its discontinuance. But this is not the rule, by any means.—*Louisville Medical News.*

#### Inflation of the Urethra.

Either by injecting a solution of carbonate of soda, and followed by one of tartaric acid or else by means of a Politzer's bag, has been successfully used as an aid to catheterism in urethral stricture.—*Canada Journal of Medical Science.*

## Notes on Current Medical Practice and Opinions.

### Cremation in New York.

On Monday, Nov. 20th, the Board of Health was called upon to consider the novel case of the cremation of the remains of an infant child of an ultramarine manufacturer, named Julius Kiroher. The child was eight days old when death occurred from jaundice and marasmus, and the father not liking the conduct of an undertaker who had obtained the usual burial permit resolved to introduce the body into an iron flask and reduce it to ashes in one of his own furnaces.

When the matter came up for discussion, a remarkable diversity of opinion in regard to the question as to whether the provisions of the Sanitary code had been violated by Mr. Kiroher in the cremation of his offspring was developed. There is no provision in the Sanitary code which prohibits the cremating of human remains, nor does the code direct that all bodies shall be buried.

President Chandler, and Drs. Janeway and Vanderpoel said that there was no objection to cremation as far as the Board of Health was concerned, but they would insist that the cremation should be conducted in an inoffensive manner, and only on a permit obtained from the Sanitary Superintendent. If every person was permitted to cremate the bodies of their relatives without having first obtained a permit from the board, the officials of the department would be unable to keep track of the deaths in this city, and the bodies of murdered people might be disposed of in this manner to conceal the crime. In the case of Kiroher the child had died from natural causes, and the death had been properly certified to by a reputable physician, and there was no suspicion that any wrong or concealment was intended; yet it was not a proper proceeding on the part of Kiroher, without having obtained a permit from the board.

The case was finally referred to Col. Prentice, Counsel to the board, for his opinion.

### A PRIZE OF \$80,000.

The *Scientific American* calls the attention of our Physicians and Surgeons to the fact that there is a reward amounting to \$80,000, left by will, for the French Academy of Sciences to give to the discoverer of a cure for Cholera. The following are the particulars: The competitor is required: "(1) To point out a system of medicine that cures Cholera in the immense majority of cases; or (2). To indicate, in an incontestable man-

ner, the causes of Asiatic Cholera, so that, by suppressing these causes, the epidemic will cease: or (3). To discover some certain Prophylactic as evident for Cholera, as, for instance, Vaccine is for the small-pox. (4). To become entitled to the annual prize (derived from the interest of the \$80,000) the competitor will have to demonstrate, by vigorous processes, the existence in the atmosphere of substances that may play a part in the production or propagation of epidemic diseases: and (5). In case none of the above conditions have been fulfilled, a competitor may take the annual prize by finding a radical cure for tetter, or enlightening the world upon the etiology of that disease. Portions of the revenue have from time to time been awarded for meritorious Essays."

#### NON-POISONOUS NATURE OF THE ANILINE DYES.

After long discussion as to the poisonous quality of the aniline dyes, a conclusion has at last been reached by what may be called the *argumentum ad hominem*. Herr Seidler, of Riga, tested the matter by taking a dose of aniline red, of three-quarters of a grain, every morning for a five weeks. This regimen produced no bad effects, although one grain of the aniline would impart to fifteen gallons of alcohol a fine pink colour. If, therefore, the aniline be pure, it is not poisonous, but, unfortunately, the dye, as manufactured, is apt to contain traces of arsenic. The well established cases of skin poisoning from brightly colored undershirts and stockings, must be ascribed to the impurity of the dye, and not to the aniline colour.

#### THE DOCTRINE OF MODERN HOMŒOPATHY.

In view of recent discussions of the principles of homœopathy, a number of physicians of the Hahnemannian School have prepared the following terse and very clear declaration of the "*Essential Points of the Homœopathic Doctrine*," and are circulating it among their professional brethren with a request for signatures: "1. The cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.

2. The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the cause of the disease, 3. The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy. 4. The only proper way to ascertain the sick making properties of medicine is to prove them on the healthy. 5. In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

6. And local treatment of all kinds, in non-surgical cases, is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never permanently cures."

#### THE SYSTEM OF MEDICAL EDUCATION TO BE PURSUED IN THE JOHNS HOPKINS UNIVERSITY.

Dr. John S. Billings, of the Surgeon-General's office, lecturing the other evening on the system of medical education to be pursued in the Johns Hopkins University, said that whenever the science of education shall be complete it will be based upon an intimate knowledge of the complex nervous system. Some of the very best practitioners have been unable to use their mental faculties to advantage; the study of mathematics and physical science should of necessity precede that of medicine. The history of medicine shows that many skilful men were incapable of appreciating evidence. This knowledge will depend largely on a knowledge of the right use of words. Herein lies the value of the study of the languages. Logic and all other studies are requisite for the man who will teach as well as practice. The diploma of another school should not be considered equal to the baccalaureate of the university. If that cannot or will not be had, then let the student undergo an examination, but under no circumstances should the degree of M. D. be given without the baccalaureate as a basis. Students, like electricity, take the shortest paths. It would be understood that no one could pass without matriculation. He must study chemistry, physics and the rest for three years. He should, for instance, master the general principles of biology, and other Sciences, with which every well educated young man should be familiar. One-half of his time should be spent in the laboratory. In very rare cases it may be best to put a student at once where he can see the practical operation of the sciences of medicine. Some may be taught to swim by being tossed into deep water, but the most will be drowned. In general it will be best to begin with theoretic principles. In ancient times, doctors held their authority by ceremony or tradition, and then followed the system of apprentices, the time of servitude being seven years. Then came lectures, which were followed by the tutorial system, which has drifted into a mixed method of lecturing and tutoring. This will probably be the plan in the Johns Hopkins, and the best of each will be taken. Really good lectures are of great use to students, and, indeed, of great use to the lecturer himself, for he never is really sure what he knows until he tries to teach it. It is earnestly recommended that a course of comparative medicine be a part of

the second year's studies, in which the study of the diseases of animals shall be a feature. The great thing to be studied now is not so much pathological results as pathological processes. In the study of animal fluids there is the widest room of information and discovery.

#### MODERATE DRINKING.

We glean from English sources, some very practical hints regarding moderate drinking. All physicians ought to have definite views on the subject of imbibing alcoholic stimulants, and the views expressed by trustworthy and widely known scientists as Sir Henry Thompson, F. R. C. S., and D. B. W. Richardson F. R. S., will doubtless be of service to all who earnestly seek correct testimony upon which to base an opinion.

Sir Henry Thompson says:—"It will not do, as you will see presently, to make certain sweeping declarations relative to alcohol that cannot be sustained, and you can do no good in furthering the cause of temperance by doing so. What I want you to understand is, that there have been a certain number of people who can take wine for a long period, live a long life, and die healthy old fellows after all. The same holds good with other things, such as the smoking of tobacco. One man can smoke ten or twelve cigars in a day, and not be apparently much the worse—I do not say that he is any the better, and another man cannot take the mildest cigarette without being ill. We must not be too dogmatic. The more I see of life, the more I see that we cannot lay down rigid dogmas for every body.

I will tell you who can't take alcohol and that is very important in the present day. Of all the people I know who cannot stand alcohol, it is the brain workers; and you know it is the brain workers that are increasing in number, and that the people who do not use their brains are going down, and that is a noteworthy incident in relation to the future. I find that the men who live indoors, who have sedentary habits, who work their nervous systems, and who get irritable tempera, as such people always do, unless they take a large balance of exercise to keep them right, (which they rarely do), I say that persons who are living in these fast days of ours, get nervous systems more excitable and more irritable than their forefathers, and they cannot bear alcohol so well. The instrument is in a different state of tension altogether to what the instrument was formerly. Such existed, of course, in all time, but compared with the present were much more rare. It is now a delicate nervous system, which the slightest touch will tell upon. It is not the old clumsy thing that required a thump to bring out the tone.

If the man with an irritable nervous system worked his muscles more, if he would take his ride or his drive, or his walking exercise more than he does, he would be better off. I do not mean merely the literary man, the man of science, but the man of business also; all are brain workers and if with habits of a sedentary or sluggish nature, will be likely to have irritable tempera. But it is this difference which makes alcohol disagree more with the present generation, than it used to do with a former one."

Prof. D. B. Richardson F. R. S. says:—"And first, I notice that the moderation argument is plausible on this point, that it asserts that alcohol is a necessity—a necessity as a food for man. It never presumes to assert that it is necessary as a food for any inferior animal, but it says that for man it is a necessity, and that he must take it as a food.

I make a very clean breast of this matter at all times. I freely confess many men took the lead of me in showing the fallacy of this argument; that they learned the fallacy from their own experience, from their own moral sense, while others before me also showed it up scientifically, amongst whom is Dr. Edwards.

We thus enjoy the light of experiment, as well as of experience, and so we are doubly lighted toward what is the truth, and although many of you may have read what I am about to say, yet I shall not, I hope, weary you if I somewhat repeat myself and so speak to the larger public outside. I am recording a matter of history—of personal history—on this question when I say that I for one, had once no thought of alcohol except as a food. I thought it warmed us. I thought it gave additional strength. I thought it enabled us to endure mental and bodily fatigue. I thought it cheered the heart and lifted up the mind into greater activity. But it so happened that I was asked to study the action of alcohol along with a whole series of chemical bodies, and to investigate their bearing in relation to each other.

And so I took alcohol from the shelf of my laboratory, as I might any other drug or chemical there, and I asked it in the course of experiments extending over a lengthened period "What do you do?" I asked it; "Do you warm the animal body when you are taken into it?" The reply came invariably, "I do not, except in a mere flush of surface excitement. There is, in fact, no warming, but, on the contrary, an effect of cooling and chilling the body." Then I turn round to it in another direction and ask it; "Do you give muscular strength?" I test it by the most rigid analysis and experiment I can adopt. I test muscular power under the influence of it in

various forms and degrees, and its reply is: "I give no muscular strength." I turn to its effects upon the organs of the body, and find that while it expedites the heart's action it reduces tonicity, and turning to the nervous system I find the same reply, that is to say, I find the nervous system more quickly worn out under the influence of this agent, than if none of it is taken at all. I ask it: "Can you build up any of the tissues of the body?" The answer again is in the negative. "I build nothing. If I do anything, I add fatty matter to the body, but that is a destructive agent, piercing the tissues, destroying their powers, and making them less active for their work."

Finally I sum it all up. I find it to be an agent that gives no strength, that reduces the tone of the blood vessels and heart, that reduces the nervous power, that builds up no tissues, can be of no use to me or any other animal as a substance for food. On that side of the question my mind is made up—that this agent in the most moderate quantity is perfectly useless for any conditions in life, to which men are subjected, except under the most exceptional conditions, which none but skilled observers can declare."

#### ASSOCIATION AMONG LADY STUDENTS.

A meeting of nearly all the Art and Medical English and American Students in Paris was held recently, under the presidency of Mrs. Julia Ward Howe. A committee was appointed to organize some sort of association among the now numerous lady students in that city.

#### CERTAIN APPARENT LAWS OF THERAPEUTICS.

Dr. Rabagliati presents in the September and November (1877) numbers of the *Practitioner*, the following propositions, that he believes to be capable of substantiation.

"Prop. A.—Different remedies tend to act upon different parts of the human economy."

"Prop. B.—The effects of remedies are proportionate to the *quantities in action*, and universally as the resistance of the persons acted upon." In commenting upon this proposition, he draws attention to the fact that "quantities in action" and quantities administered are not necessarily identical, as only a portion of the latter may be absorbed. He further states that he has himself seen salivation induced by the continuous administration of  $\frac{1}{1000}$  of a grain of bichloride of mercury three times a day, when no such result has followed doses of  $\frac{1}{16}$  of a grain to a much larger gross amount.

"Prop. C.—All remedies whatever which affect the economy exert upon it at least a twofold and contrary action in time. If these be called action and reaction, or primary and secondary, one may otherwise state this proposi-

tion in the following form: the secondary action of any or all acting remedies is contrary to the primary."

"Prop. D.—Different quantities of different but similarly acting remedies are required to produce given effects upon bodies of equal resistance.

"Prop. E.—The time after which reaction succeeds action is different in the cases of differently constituted bodies." Although the above propositions may appear to be somewhat vaguely stated, a perusal of the paper in full will afford much food for thought.

#### ANALYSIS OF SARATOGA WATER.

—One who has been in the business gives the following valuable receipt for manufacturing Saratoga Water :

"Take four quarts of sour rain water and shake it well. Then take a pair of bellows and blow it full of wind. Add two ounces of black and tan pepper; four quarts of solar salt, six rusty sign hinges, two old hammers, four gimlets, two old ink bottles, seven horse shoes, some more salt, some more pepper, two yards of old clothes line, one old hat lining, four button holes, seven shingles, two lumps of hard coal, one sheet of sand paper, and one chair round. Then blow in it through a straw until bubbles rise on top. Then shake it until it looks like boiled water. Add a little more salt and bottle it up, and if you never drank it, it will taste just like Saratoga Springs water for all the world."

#### Preparation of Dialyzed Iron.

The first step in the process is the preparation of a tolerably concentrated solution fully saturated with ferric hydrate and containing a minimum amount of acid. One method of accomplishing this, consists in adding aqua ammoniæ sp. gr. .960 to a solution of ferric chloride (liquor ferri chloridi, U. S. P.) so long as the precipitate formed is re-dissolved. It is best to dilute the ferric solution to a sp. gr. of 1.3 before adding the ammonia. One volume of water should be added to five volumes of the official preparation. A second method of preparing the solution for dialysis, consists in adding to the solution of ferric chloride a sufficient quantity of freshly precipitated and thoroughly washed ferric hydrate to completely saturate it. The solution prepared by either method, is subjected to dialysis in the usual manner. A convenient substitute for the dialyzer consists of a pig's bladder, which is filled with the solution, securely tied, and immersed in water, which is to be frequently changed.—*Detroit Lancet.*

## MONTHLY SUMMARY.

### The Treatment of Ozæna.

Dr. Rouge, in a paper read at the third meeting of the Congress, arrived at the following conclusions:

1. Ozæna is the result of suppuration in the nasal fossæ or their annexes, viz., the frontal, maxillary, and sphenoidal sinuses, and the ethmoidal cells.

2. The suppuration appears to originate in all cases in disease of the nasal fossæ or their annexes.

3. The degree of fœtor of the air issuing from the nasal fossæ depends on the extent of the osseous lesions which have given rise to the ozæna.

4. The latter is also increased by the stagnation of pus in the sinuses.

5. Should the surgeon fail to trace the disease to some affection of the nasal cavity, he must seek for it in the sinuses and the ethmoidal cells.

6. The local treatment of ozæna comprises:

(a.) Frequent washing out of the nasal cavity by means of injections, which vary with the spinal indications of each case. (b.) The insufflation of disinfecting, caustic, or astringent powders. (c.) Canterization of various kinds; the use of the galvano-cautery.

(d.) In severe cases all sequestra must be removed, and the sinuses completely drained. The nose is detached by the sub-labial method; this enables us to explore the nasal fossæ directly, to remove all necrosed portions of bone, and to open sinuses. The formation of a cicatrix is thus avoided.

7. It is unnecessary to speak of any general mode of treatment, as this must be regulated according to the patient's constitution.

M. VERNEUIL said he had not applied the method of Dr. Rouge, but he would do so. He remembers that M. Trelat had some good results from it.

DR. OLLIER adopted this method in certain cases.

DR. ROUGE believed that ozæna is generally due to alteration of the sinuses, but more frequently to caries of the ethmoidal cells. Posterior rhinoscopy is not so useful, because the mucous membrane is so swollen that we cannot conveniently discover the diseased part.—*The Medical Record.*

### Experiments on the Development of the Tænia Solium in Man.

There has been considerable discussion over the question whether or not the cysticercus of man is identical with the cysticercus of the pig. If it be true that the cysticer-

cus of man is the second phase of development of the tænia solium, the parasite will also be found in its perfect strobiline state in the intestines of man, and in all probability there alone. To settle this point, a M. Redon, of Lyons, swallowed in warm milk four cysts taken from the body of a dead man. As, however, it was possible that these cysticerci had been derived from a tænia carried by some animals with which the man had been in frequent relation, M. Redon also administered a number of the cysts to some sucking pigs and dogs. The pigs all succumbed to enteritis, and at the autopsies the most careful examination failed to reveal any traces of the parasite. The dogs also did not contain any traces of the tape-worms. With M. Redon himself, however, the case was different. After an interval of three months and two days he found links of the worm in his passages. These were examined and found to belong to the tænia solium. Shortly afterwards an entire strobilus was passed, which will be placed in the medical museum at Lyons. These experiments settle the question of the nature and development of the cysticercus of man; they present, moreover, a striking exception to that apparently so absolute rule of the development of the parasites: that the same parasite cannot attain its complete development in the same individual or in two individuals of the same species.—*The Medical Record.*

### Picrate of Ammonium in Intermittent Fevers.

J. W. SNIDER, M. D. (*Ohio Medical Recorder*, November 1877), states that he has used the picrate of ammonium with uniform success in the treatment of intermittent fevers during the autumn just passed. Some of his cases had been treated unsuccessfully with arsenic and the alkaloids of bark. He gave to adults one grain of the picrate, twice each day, until six doses were taken, and after the lapse of a few days, repeated the dose, to make sure of complete success.—*Detroit Lancet.*

### Removal of Moles on the Face.

Remove by two slightly curved incisions; then unite the cut edges with a wire serrefine, and cover over the incision and teeth of the serrefine, with scraped lint soaked in collodion. Remove the serrefine on the third day and drop collodion into the holes it has left on the now dried lint. Peel off the lint on the fifth or sixth day. Usually no mark is left, or only the faintest possible line of a cicatrix.—*Canada Journal of Med. Sciences.*



### Usefulness of the Hot Bath in Metrorrhagia.

The first conception of this method of treating metrorrhagia belongs to a Dijon professor, Dr. Salgues, and its popularization is due to M. Tarnier. The baths should be of a temperature of 33° to 35° centigrade (91.4 to 95° Fahr.) and of from twenty to thirty minutes' duration. They should be repeated every day until the hæmorrhage no longer recurs. Their action is moreover very rapid, and oftentimes one or two baths will suffice to put an end to fluxes which, up to that time, had resisted all known hæmostatics. M. Tarnier, and after him, Prof. Bailly, have employed this means, especially in the metrorrhagias which occur as sequels of accouchement. M. Bailly does not resort to them during the first few days after labor; but beginning on the 10th day he thinks their employment rational, and he adduces, in support of his opinions, two very interesting observations. He attributes the efficacy of the hot bath under such circumstances to the fluxion which the application of the moist heat produces on the cutaneous surface: this fluxion having as a necessary consequence the relief of the congestion, and the rendering anæmic the internal organs.—*Canada Journal of Medical Science.*

### Ovariectomy, by Karl v. Rokitsansky, Jun.

Karl v. Rokitsansky, Jun., of Vienna, takes the following precautions:—Before the operation the room is thoroughly aired for at least two days. The patients take several warm baths to excite the cutaneous functions, and bowels are regulated. Some hours before the operation the rectum is emptied by an injection. Relative to the instruments and utensils, the most scrupulous care is exercised as to cleanliness. The instruments are dipped in carbolized oil 5% before use. The sponges, which are used solely for these operations, are kept in a covered jar filled with 5% carbolic solution from one ovariectomy to another. A quarter of an hour before anæsthesia, which is always done with pure chloroform, a subcutaneous injection of atropine sulph. 0.005, morph. muriat. 0.07 is given. Before the operation the abdomen is washed with carbolized lotion 2%. The wound being closed with sutures is dressed with lint soaked in 2% carbolized oil, carbolized tow and a flannel bandage. The dressing is changed on the second to the fifth day. The first two weeks the patient has a room to herself; and the first five days has special nurse. The three or four first days liquid nourishment—soup, milk, rice or barley water,—forms the diet. After the fourth day roast meat; after the ninth or tenth day gradually the usual diet is resumed.—*Ibid.*

### Experiments of the Production of Sugar in the Liver.

BY CLAUDE BERNARD.

A stream of water is caused to pass through the vena porta until the sugar and the glucose are completely washed out of the liver. The ferment, which is still present in large quantity, is obtained by cutting the liver into small pieces and pouring on it five times its weight of glycerine, macerating it for two or three hours, and filtering. The glycerine will contain the ferment from which it can be separated by alcohol. Claude Bernard was convinced by experiment that this ferment had the same properties as the diastase of barley.—*Ibid.*

### A very Simple Means of Carrying Nitrate of Silver into the Uterine Cavity.

Prof. Pajot says:—I take a piece of lamina about two millimetres in diameter, dip it into a very concentrated solution of gum arabic, roll it in a very fine powder of melted nitrate of silver and allow it dry. I thus obtain an unbreakable pencil of the ordinary size, which may be carried as deeply as there can be any need, and in all directions. It is mounted on the ordinary caustic holder.—*Ibid.*

### Juniper Leaves in Pruritus.

Professor Boeck (*L'Union Médicale*) recommends juniper leaves for the itching which accompanies pruritus, urticaria, prurigo, eczema, and other cutaneous affections. The appliance for using them is similar to that of a vapor bath. The patient is shut in a box fitting closely around the neck, and under him is placed some red hot charcoal, upon which are strewn some juniper leaves, fresh or moistened with water. He is exposed to the vapor so produced for twenty or thirty minutes, and this should be repeated every second day. In some of the above mentioned diseases it succeeds admirably, in others, especially chronic cases, its efficacy is not so well established. This treatment, the writer says, has permanently cured many obstinate cases of pruritus and urticaria.—*Michigan Medical News.*

### Bromo-Chloratum.

We are glad to know, is growing more and more into favor, as one of the most elegant as well as efficacious detergents and disinfectants for the lying-in room. Being *inodorous* and *non-poisonous*, it may be freely used under all circumstances requiring the destruction of contagious emanations, ammoniacal, noxious and fetid odors, from whatever source. For sale by all druggists.—*The Sanitarian.*



**Intestinal Gas and Flatulent Dyspepsia.**

(*L'Union Medicale*, October 11, 1877.)—The following conclusions are drawn from a paper on the above subject, read by M. Leven before the Academy of Medicine, Paris:

1. Food does not seem to produce gas; that found in the digestive tube comes from the external air, the blood and the fecal matters.

2. The gas formed during the course of flatulent dyspepsia is not due to the decomposition of food, but comes from the three above mentioned sources. It is continually kept in motion by the pathological contraction of the intestinal muscular fibre. Although continually expelled, it is constantly renewed. Its production may be incessant, as well in the fasting individual as in one well nourished.

3. This symptom, production of gas, therefore implies the existence of an intestinal irritation which is always consecutive to a stom-achal dyspepsia of already long duration.

4. The course of the disease, and the treatment followed to obtain a cure, confirm these clinical observations.

5. There is no necessity of instituting a medication against the gas *per se*; moreover, the so-called absorbent powders, as charcoal, do not absorb the gas, as I have proved experimentally. Although block charcoal may possess this property, as soon as it is reduced to powder it loses it completely.—*Detroit Lancet*.

**The Digestive Process in the Stomach.**

ITS DURATION AND ITS CHANGES UNDER VARIOUS CONDITIONS. Kretschy (*The Doctor*, Sep., 1877) reports the results of some careful observations on a case of gastric fistula. (1) It was found that the digestion of breakfast took five hours and a half, that the maximum of acidity was reached at the fourth hour and that it then fell until within an hour and a half a neutral reaction was reached. The digestion of the mid-day meal lasted seven hours. The maximum acidity was reached at the sixth, and in the seventh a fall to neutrality took place. Even in the fifth hour numerous microscopic bands of muscular tissue were recognized and also starch granules. The evening digestion lasted from seven to eight hours. (2) On the day before the menses appeared there were decided fluctuations in the acid curve. On the day of their appearance a neutral reaction was never obtained the whole day. The evening digestion was not delayed. On their cessation, the normal acid curve at once returned. (3) The patient took three cubic centimeters of alcohol in one hundred of water to her dinner. This rendered the process slower. (4) Coffee at dinner lowered the acid curve and caused

the neutral reaction to set in an hour later. (5) Pepsin, taken just before dinner, did not shorten the process. (6) Distilled water, taken moderately, exerted no acid reaction on the gastric juices. (7) Alcohol is converted into aldehyde in the stomach.—*Detroit Lancet*.

**Local Effect of Quinine in Diphtheria.**

Dr. E. J. Zinke, of Cincinnati, in the *Clinic*, extols the use of quinia as a topical application in diphtheria. His experience is confined to three cases, but the success of the remedy was the more marked from the fact that these three recovered while four cases treated in the orthodox manner immediately before, terminated fatally. The manner of using it was in solution and applied by means of an atomizer; strength, a drachm of the salt to an ounce of water with enough hydrochloric acid to make a clear solution. Quinia acts by killing the micrococci, masses of which, betraying no signs of life, were discovered by Dr. Zinke in membranes thrown off in the cases reported.—*Michigan Medical News*.

**Diabetes Mellitus—Modes of Its Development.**

Senator (*Ziemssen's Cyclopaedia*, Vol. XVI page 965), formulates the most probable modes as follows: (1) An abnormally heightened saccharinity of the chyle or of the blood in the portal vein, or of the two together, in consequence of an impeded conversion of the sugar present in the intestine into the lactic acid, or in consequence of accelerated absorption of the sugar. (2) An unnatural acceleration of the portal circulation, whereby on the one hand more sugar reaches the liver, a part of which, without being changed into the glycogen, passes on into the circulation; and on the other hand, the glycogen formed from sugar or other materials passes into sugar more rapidly, and in greater quantity, and is washed away.—*Detroit Lancet*.

**Carbolate of Iodine Inhalant of Dr. Perov Boulton.**

Tinct. iodinii co.....	3 j.
Acid carbolic.....	M.vj.
Glycerine.....	3 j.
Aq. pur.....	3 v.

Mix. The solution soon becomes quite clear and colorless.—*Detroit Lancet*.

**DIPHTHERIA IN BOSTON.**—There is an alarming prevalence of diphtheria in the portion of Boston known as "Back Bay," due to a fault in the main sewer.—*Medical Record*.

**Ergot in Hemorrhoids.**

BY EDWARD S. LANSING, M. D.

Considering the pathological condition denominated hemorrhoids to consist in an enlarged condition of the veins, (an increased length and diameter, as a result of hæmostatic pressure at some time,) which continues after the inducing cause or causes are removed simply on account of relaxed and feeble condition of their coats, and conceding the power of ergot upon that greatest aggregation of unstriated muscular fibres in the human system—the uterus—also its power upon the capillaries, where the presence of the unstriated fibre has with difficulty been determined, as in hæmaturia and chronic congestion of the spinal cord, it suggested itself that ergot ought to relieve, and, with so many favorable factors, one could reasonably expect it would cure many cases of hemorrhoids. Having an intractable case on hand, of twelve years' standing, I tested it. I used ergotin in suppositories, four grains each, night and morning at first; subsequently at night only. The first effect of the ergotin was to produce pain for half an hour or more; but, after the use of three or four, no unpleasant effect attended their use. The hæmorrhage ceased, the congested condition of the parts yielded, the hyperæsthesia was replaced by normal sensation, the hard, cordy condition of the veins passed away, and the slight tumefaction remaining suggested interstitial fibrinous exudation or cellular hyperplasia. Having treated five cases with the ergot, in four of which the results were more satisfactory than I anticipated, the fifth is still under active treatment. Having never seen the treatment suggested, and the result in my case being so happy, I offer it that others may test it, and possibly much relief accrue to a numerous class of great sufferers. *The Hospital Gazette.* E. J. B.

**Differences Between Anæmia and Chlorosis.**

Zimmerman (*Vol. XVI. Ziemssen's Cyclo-pædia*, page 501), gives the following: (1) In chlorosis proper, the change in the blood appears to be strictly limited to the red corpuscles, whereas in anæmia, other constituents of the blood; especially the albuminates of the plasma, are also modified. (2) In many respects the etiology of chlorosis is peculiar and obscure, and its pathogeny does not admit of being traced, like that of ordinary anæmia, to casual factors with which we are familiar. (3) The striking effects of suitable treatment would oblige us, even in default of other reasons, to separate chlorosis clinically from other forms of anæmia.—*Detroit Lancet.*

**Treatment of Furuncles—Note on a New Property of Arnica.**

BY DR. N. PLANAT.

As the result of physiological experiments, Dr. Planat has been led to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, etc. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness.

For external use he employs:

RECIPE.—Extract of fresh arnica flowers, 10 parts; honey, 20 parts.

If this is too liquid he adds lycopodium. The mixture is applied to the inflamed part and covered with oil-silk.

Equally good results will be obtained in the same cases by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours. M. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action.—*The Hospital Gazette.*

**Questionable Remedies.**

An advertising Journal, issued by an enterprising firm of manufacturing chemists in Detroit, takes occasion to read us a lecture for copying into our columns a note of the "virtues" of "Ingluvin" or "Digestine." As the article referred to contained a notice in the head-line of the source whence "Ingluvin" is obtained, and as the editor of the RECORD has, for many years, been familiar with the "virtues" of pepsin derived from the barn-yard fowl, we do not see wherein the article referred to was "questionable" any more than we can perceive the questionableness of pepsin made from the stomach of the pig.

Perhaps the old gentleman (or lady?) who edits the journal referred to was unable to learn the source from which "Ingluvin" is derived. We trust this notice will make it plainer to his (or her) comprehension. If not, perhaps Messrs. Warner & Co. will be courteous enough to furnish the required information—and half a dozen or more chickens' gizzards to aid the digestion of the dyspeptic individual who edits the advertising journal in question.—*St. Louis Clinical Record.*

"Artichokes are good for rheumatism, and hearty jokes are good for dyspepsia."—*The Doctor.*

## EDITORIAL.

### Disinfectants and Deodorizers.

It is proper we should call attention to the persistent efforts on the part of those representing different deodorizers or disinfectants to impose upon the profession and public, who at certain periods are called upon to use quite largely some agent of the kind, by representing them particularly as *odorless* and *colorless*, but avoid saying they are not POISONOUS.

We have occasion quite frequently to examine some new article, which rivals all others, and we find the poisonous elements in a new and varied form, but flavored to suit the taste or object of the inventor.

All contain salts of copper, lead, zinc or baryta, any and all of which are poisonous and unfit for use indiscriminately.

We republish, at the request of a medical friend, the discussion as it appeared in the New York papers, some time since, and our readers will discover that it is not a new subject, but one which has been ventilated and understood.

While druggists are under the most stringent regulation as to the sale of poisons, these poisonous articles are sold under the guise of odorless deodorizers with impunity, to be used among young children and in families without the least warning of the danger likely to occur. Every such article should have the skull and crossbones on the label as a warning to be careful in its use.

What physician is willing to recommend such compounds for the sick room, to be used as a wash to sponge a patient and about the bed. Surely he cannot use it in the lying-in-room, either upon his hands or upon the delicate organs of the person. Nor can he use it as a wash in small-pox or erysipelas, in which Bromo is so largely used.

These parties would, in the language of an old judge, make good legal witnesses, as they know how to "*tell the truth*" and at the same time "*spare the truth*" by omitting the poisonous part of the play.

### Extract of Red Clover.

Dr. T. W. THORPE, Prescott, Ark., writes as follows, Jan. 28, 1878:

"I have found your preparation of Solid Extracts Red Clover to work wonders in cancerous and similar constitutional symptoms. I have in one week, apparently, cured a case of itching and bleeding piles simply by inserting suppositories of the extract night and morning."

### Mortality in Brooklyn.

#### THE DEATH-RATE FROM DIPHTHERIA IN DIFFERENT PARTS OF THE CITY.

Dr. Francis H. Stuart, Register of Records for Brooklyn, yesterday submitted to the Board of Health a study of the sanitary condition of the city for the past four years. During this time there were 3,135 deaths from diphtheria, which according to Dr. Stuart, is a representative of unsanitary influences. The conditions of a house as to locality favor the development of the forms of the disease, and some of these conditions are damp cellars, imperfect house drainage, decomposing organic matter, sewer gas and bad ventilation.

The five wards in Brooklyn having the highest death-rate from diphtheria were the Twenty-fifth, Eighteenth, Twelfth, Eighth and Tenth, and the five having the lowest death-rate, the Fourth, Fifth, Nineteenth, Sixteenth and Seventh. The Eighth, Twelfth and Eighteenth wards also had the highest death-rate from all causes. The Twenty-third Ward had a high death-rate from diphtheria, but is otherwise second in order of healthfulness.

The most striking fact shown by the table given by Dr. Stuart is the large number of deaths from diphtheria in the Twenty-fifth Ward, a section of the city adjoining Bushwick and containing New Brooklyn. The death-rate here was over twice the average of the whole city, and nearly three times that of the Fourth Ward, which has the same population. During the four years there were 167 deaths—the numbers more than doubling in alternate years.

The report of Dr. Fisk on the sanitary condition of this ward, published in 1874, shows that it is such as to foster, if not to breed an epidemic of this character.

The total deaths during the four years were 45,177, and the average death-rate was 240.3 for each 10,000 of the population. The wards having the lowest general death-rate were the First, Twenty-third, Twentieth and Seventh. In the First Ward, which includes Brooklyn Heights, the rate was 17.54 to 1,000 of the population. This is only a decimal over the normal death-rate.

Of the fifteen wards that had a death-rate above the average seven are wards that any one acquainted with the city would name as being unhealthy. They are, beginning with the highest death rate, the Twenty-fourth, Eighteenth, Sixteenth, Twelfth, Eighth, Second and Sixth.

**Case of Secondary Paralysis Treated with Subcarbonate Iron, Sulphate Cinchonina, Electricity and Strychnia.**

B. S., aged 24 years, had a severe attack of diphtheria of which he recovered soon, but in about three weeks afterwards became paralyzed. The paralysis took the ordinary course, first affecting the soft palate and pharynx, afterwards disturbance of vision, and last the upper and lower extremities. In the first functional disturbance, there was great difficulty in articulation (speech entirely nasal), deglutition and expectoration. The function of deglutition was performed with great difficulty, during the act of swallowing, the greater part of nourishment and medicine taken ran out of the nose, or regurgitated, some of it fell into the larynx, where it was forcibly ejected, partly through the nose with violent coughing. Expectoration was very difficult; the mucus collected in large quantities; the muscles which act as constrictors of the pharynx were paralyzed and consequently the compression of the expired air, which is necessary to expectoration was lacking; vomiting occasionally took place, owing to accumulation of mucus in the fauces and adjacent organs. In the second functional disturbance, he had double vision, with squinting, and could no more read fine print. In the last functional disturbance the lower extremities were almost completely paralyzed; he felt feeble, awkward, and uncertain of his gait. In the upper extremities the paresis was not so fully developed, still he manifested great difficulty to dress and undress himself, or to hold large objects, &c. As soon as the paralysis made its appearance I placed him on the following treatment: Subcarbonate Iron, and Sulphate Cinchonina. The dietetic treatment consisted of the very best of food, viz.: milk, eggs and meat. He was directed also, to take good wine. I resorted to electrical stimulus when new sets of muscles had ceased to become involved in the paralysis. In about three months he had completely recovered from the malady. I gave him also Strychnia when I resorted to electricity.

J. P. F. BROENNER, M. D.

**Use of Lobelia in Hydrophobia.**

By MRS. J. P. DIMOND, M. D., CAMBRIDGEPORT, MASS.

In reading your Journal which I peruse with interest, I occasionally see an article on hydrophobia, a disease which I think has ever baffled the skill of physicians in all countries.

Allow me to give you a receipt which from study of medicines I think might be very valuable.

I should use it in preference to anything I have ever heard of, if I were bitten by any rabid animal. If you think it of any value you can publish it; if not, cast it aside.

When a person is bitten they need immediate attention. As soon as possible after being bitten apply tobacco—plug tobacco is the best—wet with water; keep that bound on until tincture of Lobelia can be obtained, then use the tincture or cotton saturated with it, and kept wet, also give tincture of Lobelia as soon as possible in half teaspoonful doses, once in three hours; then three times a day for three days; and make a strong tea of Hawk weed, and drink very freely of it for two weeks, every day. The Lobelia may be taken in a very little water. To cut or cauterize the parts bitten I think is of but little use, the virus passes so quickly through the system. In my opinion the poison must be killed in the blood. Hawk weed is an antidote for the poison of the rattle snake. I am using your remedies with wonderful success, especially the Elixir Iodo-Bromide Calcium Compound.

**Elixir Iodo-Bromide of Calcium Compound.**

Letter from Dr. E. L. KELLAM, Muskogee, I. T., Jan. 24, 1878.

Gentlemen.—Referring to a previous communication I desire to say that I immediately put my ovarian patient on the Elixir Iodo-Bromide of Calcium Compound., according to directions, and the Solution Iodo-Bromide of Calcium Comp. externally, three times a day. She has been improving in strength as regards appetite, &c. tumor softer somewhat about the lower portion; in the upper portion I can see no difference as yet, but in my opinion there will be a considerable difference inside of a month. She has been using the medicine only two weeks, and claims that it has done more good than all other medicines that she has ever taken. I shall devote my whole attention to the case. Your pills Hydsastia Alkaloid are far superior to any preparation of hydrastis canadensis that I have ever seen. I have been taking them myself, also your valuable preparation of Dandelion. I am now taking the Elixir Iodo-Bromide of Calcium Comp. myself; have been taking it only two days and find myself improving in strength and appetite; dyspeptic symptoms all vanished entirely; no uneasiness of right hypochondriac region, nor epigastrium. I am so well pleased with the action of the Iodo-Bromide Calcium Comp., that I intend continuing it for some time, at any rate until I feel like a man once more. I firmly be-

lieve you have found the medicine that we have all been looking for since the time of Adam and Eve. My ovarian case has had the dyspepsia for thirty years; since taking the Iodo-Bromide of Calcium compound she has had no symptoms of dyspepsia whatever. I find it laxative and diuretic, and in my opinion I will find it to be blessed with more medicinal properties in this miasmatic district than has been claimed for it in a northern climate, from the fact that ninety-nine cases out of a hundred that I find in this western district are suffering with chronic hepatitis, gastritis, scrofula, splenitis, heart disease, rheumatism, cutaneous diseases, &c., all ensuing from a scrofulous system and malaria. I have been practicing in the west, to say Texas, Louisiana and Indian Territory since 1857 in different locations and every one in a miasmatic district, and pleased to say, I controlled the practice of every locality in which I practiced, and not a single case have I seen but what suffered more or less from malaria and a scrofulous condition of the system, which is the principal cause of all the diseases in the west, and I am confident you have found a remedy that we will soon find indispensable in our practice. I am so much pleased with your valuable alteratives, also combining their tonic properties; in fact we have every agent in one bottle. I am fearful your patience will be a little worried with my lengthy epistle, nevertheless I am so well pleased with your valuable medicines, I must acknowledge they are far superior to any I have met with for years, and I wish you all success in your undertakings.

#### **Elixir Iodo in Diphtheria.**

Letter from C. W. LIGHTBOURN, M. D., Dundas, Rice Co., Minn., March 1st, 1878.

During the recent prevalence of so-called Diphtheria, I used exclusively your "Iodo" and "Bromo-Chloralum," and while others around me were losing nearly every case, I have not lost one. I have treated during the past eight weeks thirty-seven cases of sore throat, diphtheritic croup, and what others here have termed Diphtheria—but what I call Ulcerated sore throat, and two cases of laryngitis, and I have among other remedies used very freely "Iodo" with perfect success, I can therefore highly recommend it to my professional brethren in all throat diseases.

I administer it to children between 2 and 10 years, from 1 to 1½ teaspoonfuls every two, three or four hours as the case may demand, in conjunction with other remedies not incompatible,

and the Bromo-Chloralum as a gargle diluted according to circumstances from 4 to 10.

Your Bromo-Chloralum is to me indispensable in the lying-in-room, and I think it a certain preventive of puerperal fever.]

Letter from W. T. BLACKFORD, M. D., Chattanooga, Tenn., Feb. 7, 1878.

I have recently treated three cases of Chanroids with Elixir Iodo-Bromide of Calcium Comp., and found it an excellent preparation in those cases.

Letter from F. N. MATTOON, M. D., Unionville Centre, Ohio, Jan. 16, 1878.

Allow me to speak in high terms of commendation of your medical preparations. Your Elixir Iodo-Bromide of Calcium Compound, and Bromo-Chloralum are special favorites of mine.

#### **Bromo-Chloralum.**

Extract from letter of W. P. DOWNER, M. D., Syracuse, N. Y., March 2, 1878.

"I use, in my Health Institute here, a great deal of your Bromo-Chloralum, knowing, by observation and experience, it to be the best of disinfectants and anti-septics."

#### **Firweiln.**

Letter from HUGH HOLLIS, M. D., Jack's Creek, Tenn., Feb. 26, 1878.

I have been using your "Firweiln" in my practice two years, and for *all kinds of throat and lung troubles* I find, after a practice of about fourteen years, nothing to equal it. I carry two or three ounces with me on my daily rounds, which I would not do if I did not think it excelled everything else usually employed for the above diseases; besides having frequent calls for more of "that like you gave me before," as my patients will say.

This is a voluntary tribute of mine as to the virtues of a sterling remedy. Heretofore I had to compound four to six ingredients; now I have it altogether—handy. I advise all those of the profession to give it a fair trial that have not done so, and they will thank me for the suggestion. I think.

Letter from S. C. CHASE, M. D., Frankfort, Ohio, Jan. 1st, 1878.

Firweiln is destined to have an extensive sale. I use it as an emmenagogue, and have found it to be the very best where there is debility, anæmia, &c., that I have become acquainted with in thirty years of busy study and practice.

**Firwein.**

Extract from letter of Dr. M. H. Snyder, Eden-ville, Mich., Feb. 11, 1878.

"I have given Firwein a thorough trial in bronchial troubles, catarrh, &c., and have found it a most efficient agent. I haven't yet met with a case in which it has failed me."

**Diphtherine.**

Extract from letter of R. R. McCANDLESS, M. D., Emporia, Kansas, Feb. 5, '78.

"I have sold and recommended your various preparations for ten or twelve years, and taking your prices and the quality of your goods, I find nothing in the market to equal them; and as I shall now, to a certain extent resume the practice of my profession, I shall continue to prescribe them."

**Extract of Malt.**

Letter from WM. BARKER, M. D., St. Louis, Mo. March 1st, 1878.

At the request of Mr. Weber, your agent in this city, I have thoroughly tested your *Extract of Malt* by taking it myself for weak digestion, and prescribing it for many of my patients. I conclude that it has decided therapeutic value, as it has seemed to be beneficial to those who have taken it, and especially suitable to delicate children, and persons suffering with dyspepsia and imperfect assimilation. Many object to the taste of "Trommer's Extract," while all concede that your preparation is very agreeable.

**Journal of Materia Medica.**

Extract from letter of Dr. T. J. FENTRESS, Princess Anne. C. H., Va., Feb. 4, '78.

"I look upon the Journal of Materia Medica as an invaluable publication. It has no superior in its class upon the American continent."

Extract from letter of B. WILSON, M. D., Versailles, Ill., March 9th, 1878.

"Your Journal of Materia Medica is always a welcome visitor. I have taken care of them and had them bound yearly; and have used your preparations so long that I could not use any others conveniently."

Extract from letter of A. HENLEY, M. D., Fairmount, Ind., March 1, 1878.

"I hail the coming of your Journal with delight—could not well do without it."

**Physician's Diary.**

Letter from H. C. SNITCHER, Wilmington Del., Jan. 1, '78.

The "Physician's Diary" for 1878 was received in due season—thanks for your promptitude. I am much pleased to state that its neatness, its compactness and its utility strongly commend it to every practitioner of medicine.

**New Medical Spring.**

Letter from CHAS. G. SEIFERT, M. D., Rochester, Minn, Feb. 14, 1878.

I will give you the analysis of the Geisinger Mineral Spring near Rochester, Minn. It has but lately been discovered, and has in a short time become celebrated for its medical properties. The following is the analysis by Prof. Bodie:

Total quantity of solid matter in one gallon U. S. measure, 17.2874 grains; consisting of	
Chlorite of Sodium.....	0.2379 gr.
Sulphate of Soda.....	0.5678 "
Bicarbonate of Soda.....	0.1159 "
" " Lime.....	10.3395 "
" " Magnesia.....	4.8190 "
" " Iron.....	0.0798 "
Alumina.....	0.1525 "
Silica.....	0.9455 "

Total.....17.2874

The temperature was 100° to 108° F. If you will give room for the above analysis in your supplement please do so, and advise me and send me a copy when published.

**Dioscorea Villosa.**

BY E. WILSON, M. D.

There is one preparation manufactured by you that I do not think receives the merit it deserves. I refer to the Fluid Extract of Wild Yam. I have found it one of the best remedies in bilious colic, gastritis, and other affections of the stomach and bowels for permanent relief that I have ever used; its use should be continued for sometime after the paroxysm is relieved by opiates.

I speak of this valuable remedy that your Editor may call the attention of the Profession to its virtues. Whilst I highly appreciate the Firwein, Ergot, and many other of your preparations, I think the Wild Yam has not received the attention that it merits.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

# THE JOURNAL OF MATERIA MEDICA,

A Monthly Journal Devoted to  
MATERIA MEDICA, PHARMACY, CHEMISTRY,  
AND NEW REMEDIES.

New Series.]

April and May, 1878. [Vol. XVII.—Nos. 4 & 5.

## Lectures on Typhoid Fever.

BY ALONZO CLARK, M. D.

Professor of Pathology and Practical Medicine in the College  
of Physicians and Surgeons in the City of New York.

TYPHOID FEVER—SYNONYMS—MODES OF PROP-  
AGATION—LESIONS—SYMPTOMS.

### LECTURE I.

Gentlemen:—Our next topic is typhoid fever. This is the indigenous fever of New England and of this country, except where miasmatic fevers prevail. The disease in various places, and by various authors, has received the following names: Louis called it "The Typhoid Affection." It has also been called "Abdominal Fever," "Abdominal Typhus," "Enteric Fever," "Ileo-Typhus," "Enterom-enteric Fever," "Nervous Fever," "Autumnal Fever," "Continued Fever," "Pythogenic Fever," "Infantile Remittent Fever," and what has been called "Gastric Fever" is this same disease.

#### MODES OF PROPAGATION.

This disease occurs epidemically or sporadically. It is very common to hear that there is an epidemic of typhoid fever prevailing in some town not far away during the autumn or latter part of summer, and the epidemic commonly continues until cold weather arrives, with an occasional case during the winter.

It is certainly communicable, in one way or another, from one person to another. I could give a large number of illustrations of this fact. Typhoid fever was prevailing in the town of Plymouth. A boy came from Plymouth to Mr. B.'s house, fourteen miles distant, and was there taken sick with typhoid fever. The disease ran its course in about a week, but before the boy began to recover, Mr. B., Mrs. B., and their children were taken sick with the same disease. There had been no typhoid fever in the locality in which B. lived for several years. In this manner it spread through a school-district. Nearly the persons who spent much time in this

infected house, assisted in washing the clothes and in taking care of the patients, had the disease. Those who visited the sick by day did not contract it so frequently as those who took care of them at night. About twenty-five persons were attacked in this school-district, and then its spread ceased.

Typhoid fever was prevailing in the town of Richmond. A boy who had been living there, and in a house where a family was afflicted with it, went to his father's house in Canaan, New York. He was taken sick in his father's house with a disease that had exactly the same history as that prevailing in the town of Richmond. There had been no typhoid fever in Canaan for several years, and now a little epidemic spread through the town. I could cite many other instances in which the disease has been carried by a well person from one town to another—illustrations, not of the contagiousness of the disease, but of its communicability perhaps, by the intestinal discharges.

That typhus fever is communicated by the effluvia arising from the sick person I entertain no doubt; but I do entertain a doubt whether typhoid fever is communicated in the same manner.

I will now call your attention to other modes in which this disease seems to be propagated.

I have here a memorandum with reference to propagation of typhoid fever through the medium of milk.

The Medical Inspector of Leeds, England, traced the cause of an epidemic of typhoid fever that broke out in that city to the milk, which, for a certain locality in the city, was obtained at a country farm-house, where a patient was sick with typhoid fever.

Dr. Littlejohn, Medical Inspector of Edinburgh, reports in September, 1877, the occurrence of several cases of typhoid fever in the West End, and believes that they were caused by milk sold from a dairy where a person was sick with the disease.

"At the present time," he says, "over twenty families are suffering severely from the disease, and several cases have terminated fatally."



The next memorandum relates to the clothes of the sick person. Prof. Lebert, of Breslau, reports four cases of typhoid fever occurring among women employed to wash the clothes used by patients sick in the hospital with that disease. He thinks they were probably the victims of carelessness, but I should say really of ignorance. These women lived in different sections of the city.

Here is another memorandum relating to the transmission of the poison by running water:

A miller in Scotland had typhoid fever; his excreta were thrown into a pond which communicated by means of a ditch, with a small stream below, the water of which was used for drinking by those living along the border. The discharges from a second patient sick with the same fever were thrown into the same pond. A few days after, four men who obtained water from the stream a mile below were attacked with the same disease. There had been no case of typhoid fever in this region for a long time.

In the town where I have my summer home there was obtained the history of an occurrence which is very striking. Twenty young persons went upon a pic-nic excursion. They took their refreshments by the side of a clean, bright looking stream, and drank of its water. In due time eighteen of these persons were attacked with what was called typhoid fever; several died. The question, where did the poison come from? is one of a good deal of interest. That it did not come from the provision baskets seems certain, because there was no typhoid fever in the town. To my mind, there is but little doubt that it came from the stream; and yet it is not known that a typhoid fever patient lived upon the stream, or that the excreta of a person sick with typhoid fever were emptied into it. It is altogether likely, however, that privy washings in some way had communication with the stream; or it may have been a case of unrecognized typhoid fever occurred at some point along its course, and that the excretions of the patient were thrown into it.

The question whether the excretions from healthy persons can produce typhoid fever, when thrown into a stream in this manner, is not fully settled. But it seems to be improbable.

At Bellevue Hospital, however, it has been occasionally reported, particularly during the dry weather of summer, that a case of typhoid fever has occurred in the wards. I no sooner hear this statement than I make an inspection of the water-closet, and have not yet failed to find that it was exceedingly foul, and that, because of the exhaustion of the reservoir of

water with which it is washed out, the basins have been used without cleaning. Now, whether this is what has been called cess-pool fever, or whether it is typhoid fever, is not, as yet, easy to determine, for observations sufficiently extensive have not been made.

Some years ago a disease broke out in a large school for girls, at Pittsfield, Mass. Dr. Palmer, of Ann Arbor, Mich., and Drs. Ford and Greene, of Pittsfield, after making a pretty thorough examination of the question, reported that they had no doubt that the disease was typhoid fever, and also had no doubt that it arose from foul sewers connected with the building. There was a blind sewer of considerable size, into which the washings of the water-closets were emptied, and the accumulation had become so considerable that it had set back sufficiently to contaminate the entire building with its foul exhalations. No person sick with typhoid fever had been in the institution previous to this outbreak.

In my own mind the question is a little unsettled, whether the excretions from healthy persons can produce typhoid fever. My impression, however, is, that when these cases are closely examined in the new light, they will be found to be what is described as cess-pool fever.

In the volume of Transactions of the Medical Society of the State of New York, for the year 1877, Dr. Stoddard, of Rochester, makes a report bearing upon the possible diffusion of typhoid fever which is of much importance.

The reporter says that "a certain limited section in the city of Rochester was invaded with typhoid fever, while the other parts of the city were exempt from the disease. Examination limited this area to about five acres. In the centre of this district was situated a well, the surroundings of which were extremely filthy. About thirty feet distant was a privy and the drainage of the vault was towards the well. On opening the well the water was found clear and free from odor or taste. On microscopical examination, nothing unusual was found, and chemical examination disclosed little else of importance beside a considerable amount of sodium chloride. The presence of the sodium chloride pointed to sewage pollution, as proved to be the case. To test the influence of the water upon typhoid fever, using it, a thorough census of all the families in this district was taken; the number of persons using the water ascertained; also number using water from any other source, and the cases, character of illness, and deaths which had occurred during the previous months. This was done with the following result:

"Eighty-seven families, consisting of



persons, occupy the district; forty families, comprising 219 persons, use water from the well. Among these occurred twenty-three cases of typhoid fever and one of diphtheria during the period taken. Forty-seven families, consisting of 273 persons, did not use the water. Among these occurred only two cases of typhoid fever during the same period. Among those using the water the ratio of sickness was one in every 9.12. Among those not using the water, one in 139.5, or fifteen times as much sickness from zymotic disease among the families using the water. It was ascertained that the first case of typhoid in the district, during the time considered, occurred in the family occupying the premises on which the well was located. This well was immediately closed, and not another new case of typhoid had appeared after two months in this section."

Dr. Stoddard, I suppose, infers that the alvine discharges from this first patient were thrown into the privy mentioned, and by drainage made their way into the well, and that this was the real source of the poison which was disseminated through this district.

#### THE LESIONS OF TYPHOID FEVER.

The most important of the lesions of typhoid fever is found in the blood, and yet we do not know fully in what that lesion consists. We find that as the disease advances, the blood becomes less and less coagulable, so that at the termination of some of the fatal cases it will not coagulate at all. That this loss of coagulability is progressive is learned pretty clearly from some observations made in Bellevue Hospital. For example, a sufficient quantity of blood was drawn in the first week of the disease, to enable us to ascertain its qualities, and it then coagulated like healthy blood; in the second week it coagulated but feebly; and in the third week portions of it did not coagulate at all. These were severe cases.

It is a question whether this change is due to a real diminution in the quantity of fibrin, or whether it is caused by such change in the quality as prevents it from forming fibres.

In addition to the fact that the fibrin seems not to be present in normal quantity, there is a disintegration of the coloring matter of the blood, and the formation of dark pigments, known as occurring in the blood of persons who have remittent or intermittent fever.

By reason of the change which occurs in blood, it is supposed to lose much of its nutritive power.

Those organs, therefore, which receive a full supply of blood are likely to suffer most. Hence, the spleen becomes enlarged and softened. The softening is so considerable sometimes that the organ is pulsatious, and can be

very easily punctured by the finger. It has a dark color, and the enlargement is usually to two or three times its natural size. The enlargement and softening of the spleen is almost a constant lesion in the fatal cases. In almost all cases of typhoid fever some enlargement can be detected by percussion during life. In the abortive cases the splenic lesion may not be present; and also, in those cases which terminate fatally early, it is not so marked.

The mucous membrane of the stomach naturally receives a full supply of blood. This membrane, therefore, in about one half of the fatal cases, is found thickened and soft, and more vascular than normal.

Again, the heart receives a free supply of blood. Its functional activity is somewhat increased in this disease, but the organ is not well nourished, and it undergoes softening, so that when removed from the body and laid upon the table, to use M. Louis' expression, it falls together "like a wet rag," in about one-half of the fatal cases. Its color is darker than normal; and the color of the voluntary muscles of the body is also dark.

In many of the fatal cases there is a change occurring in the lungs. The posterior portion, below the level of the great vessels which carry on the circulation, undergoes such a degree of congestion, that the lung tissue becomes really softened. Inasmuch as this change in the lungs produces an appearance somewhat like that seen in the spleen, it is called *splenization*. The lungs become greatly engorged with blood, present a dark appearance, and during life there is evidence of considerable effusion into the bronchial tubes. If typhus can be said to be a disease without lesions, typhoid can be said to be a disease having a great many. The brain does not undergo softening. The liver does not undergo softening, and why not, I am unable to say.

Besides the lesions already mentioned, we have to speak of ulceration of mucous membranes, the most important of which is the ulceration occurring in the mucous membrane of the intestinal canal. This has been called the Peyerian lesion, but that term does not fully describe it, because the same change occurs upon a smaller scale in the solitary glands. The ulceration of Peyer's patches has also been called the characteristic lesion of typhoid fever. There is also a tendency to ulceration in other mucous membranes, in the throat for example, and upon the epiglottis.

What is known of the Peyerian lesion I will now describe. The first thing noticed in these Peyerian patches is an elevation of the mucous membrane; there is not much vascularity in the new material which produces the eleva-

tion, hence they are rather pale. This pale, elevated surface, not infrequently, is dotted with black points, which give it an appearance somewhat resembling a newly shaven chin; it has been called the shaven-beard appearance. The Peyerian patches first affected are those near the ileo-cæcal valve; the diseased action advances upwards, and in exceptional cases glandular changes may be seen in the duodenum. In these Peyerian patches, and in the mucous membrane that covers them, a new material is deposited, which is partially cellular, and partly granular, and possesses a very low degree of vitality. There is considerable vascularity in the mucous membrane adjacent to the Peyerian patch, but none on elevation itself.

Gradually the new material, which has been deposited in these patches, softens. It softens somewhat irregularly, so that the mucous membrane upon them will be perforated with numerous little openings. These holes become larger and larger, and some of them coalesce. In this manner a considerable portion of the elevated part is removed, and an ulcer with overhanging edges formed. By a continuance of the same degenerative process into granules and oily material, the remainder of the gland structure is removed and the ulcer covers the whole patch. Thus everything is removed which lies inside the muscular layer of the intestine. When this is completed the process of healing commences, and a delicate membrane is soon formed which covers the entire surface of the ulcer. This membrane grows thicker and thicker until the process of cicatrization is completed. The Peyerian glands are not again formed, nor are the villi reproduced which normally cover the affected patches. There is remaining then simply new fibrous tissue, which assumes the appearance of mucous membrane. Cicatrization occurs first upon the ileo-cæcal valve, or near it, and advances upward. In some instances the reparative process can be seen in the lower part of the small intestine, while higher up the advancing stage of degeneration exists.

Here I must repeat, because it is so apt to be forgotten, that associated with this ulceration of the Peyerian patches there is always *enlargement of the mesenteric glands*. The process, then, is not simple, but one which involves two important parts of the body. With reference to the ulcers, in a very great majority of cases the ulcerative process is arrested at the muscular layer of the intestines. In some cases it grows deeper, and destroys a portion of that coat; and, in about three out of one hundred fatal cases, death is produced by peritonitis following perforation of the intestine.

When perforation occurs, the case almost always terminates fatally; and yet I am pretty confident that I have cured one case in the person of a physician. He had well marked typhoid fever, was in the third week of the disease, when suddenly pain was developed in the abdomen, and was accompanied by great prostration. At first the pain was confined to one spot; it soon spread, however, over the entire abdomen; the pulse became rapid and small, the features were pinched, and there was no doubt but the perforation of the bowel had occurred. He was treated pretty vigorously with opium, and finally recovered. I urged him to order in his will, that at his death a post-mortem examination should be made for the purpose of deciding whether or not the diagnosis was correct; but he failed to do so. Perforation of the bowel does not occur in the early stage of the disease. These ulcers may also cause another symptom which sometimes is alarming and serious. They sometimes reach a blood-vessel of considerable size, penetrate its coats, and thus give rise to hemorrhage. The proportion of cases in which hemorrhage from the bowels, more or less severe, occurs in typhoid fever is somewhat greater than that in which perforation takes place. The danger from hemorrhage depends upon the size of the vessel opened; but it is always a grave symptom. Yet several hemorrhages may occur, and no great amount of exhaustion be produced.

These are the important facts connected with the lesions of typhoid fever, if we do not include among them the eruption. As the eruption is commonly called a symptom, we will refer to it under that head, at which point we have now arrived.

#### SYMPTOMS OF TYPHOID FEVER.

The *invasion* of typhoid fever is almost always rather insidious. A person may rise in the morning feeling as well as usual, but, in the course of the day, he may feel a certain degree of illness not easily described—perhaps has wandering pains about the body and headache; he may have little creeping chills down the back, and has no desire for food. If he examines his pulse, it is found to be somewhat accelerated. This indefinite period is of indefinite duration, and may extend over day or two. The beginning of the fever is dated from the chill. The chill is not a shiver, but little chills are produced by putting the hands into cold water, or by cold falling upon the patient; or without these provocations the little chills may diffuse themselves over the back and body. I have sometimes called these chilly sensations *diffuse chills*. In the meantime the temperature of the body is increased, and the pulse has

creased in frequency. By the end of the second day there is usually considerable fur on the tongue, and it will be literally of a snow-white color. The patient perhaps has not yet taken to his bed, and he will sit by the fire, even in moderately warm weather, in order to remove this chilly feeling.

These symptoms increase gradually; the patient goes to bed; the pulse gradually increases in frequency from day to day; the temperature of the body becomes a little more elevated each day for about one week. In the meantime the mind usually remains clear. The countenance does not have the dusky hue seen in typhus, and the eyes do not become suffused.

In a certain proportion of cases, on one of the early days of the disease, epistaxis occurs. It is nothing alarming, and may be repeated. The patient gradually loses strength. There is also, pretty early in the disease, tenderness in the epigastrium, and also tenderness in the right iliac region. As the disease advances it is not uncommon to get gurgling in the right iliac region or palpation. Pretty soon the bowels begin to be distended; digestion, intestinal as well as gastric, is incomplete, and the gases accumulate in the intestinal tube. Gradually a tympanitic state of the bowels is produced, which is usually quite noticeable.

In some cases the tympanitic distention of the bowels becomes so considerable as to be the cause of suffering and difficulty of breathing.

Pretty early in the disease a diarrhoea begins; and by a diarrhoea is meant two or more liquid stools in twenty-four hours. A diarrhoea is present in the majority of cases, yet it is not essential to the existence of this disease.

Occasionally these evacuations are multiplied to the number of fifteen or twenty in twenty-four hours, but usually there are not more than five to eight. There is a peculiar brownish hue to the discharges, which has been regarded by some as characteristic; but I am not sure about that.

The mind remains clear for a few days, and then, in the graver cases, comes that muttering delirium already considered under the head of typhus fever. With that there is very likely to occur some obtuseness of the senses. There is that same deception of sight noticed here; consequently the patient, when asked to pick up the bed-clothes, and the air. At the same time he is usually more deaf, so that you will be obliged to speak in a loud tone to make him hear. The delirium usually lasts until the subsidence of fever. The fur on the tongue, although of a perfectly white color at the beginning,

soon becomes yellowish, then brown, and in the second week of the disease the tongue, quite commonly, becomes dry. It may become so dry that its movement will give rise to fissures, as in typhus, and there will also be some collection of sordes upon the teeth, gums, and lips. There is another appearance of the tongue not infrequently seen; the fur, in the second week, may leave it altogether, and the surface will have a smooth shining appearance and a beef-red color. This is what has been called the *beef tongue*, and it is usually dry, but not cracked.—*Medical Record*.

### Strychnia and its Antidote.

A correspondent in *Nature* says: Wanting to banish some mice from a pantry I placed on the floor at night a slice of bread spread over with butter, with which I had mixed a three-penny packet of "Battle's Vermin Killer," which contains about a grain of strychnia along with flour and Prussian blue. The following morning I was roused by a servant telling me that a favorite Skye terrier was lying dead. I found that the mice had dragged the slice of bread underneath the locked door, and that the dog had thus got at it and eaten part equal to about one-sixth of a grain of strychnia; it lay on its side perfectly rigid; an occasional tetanic spasm showed that life was not quite extinct. Having notes of the experiments made by direction of the British Medical Association last year on the antagonism of medicines, and wherein it was conclusively proved that a fatal dose of strychnia could be neutralized by a fatal dose of chloral hydrate, and that the minimum fatal dose of the latter for a rabbit was twenty-one grains, I at once injected under the dog's skin forty-five grains of the chloral in solution, my dog being about twice the weight of a rabbit. In a quarter of an hour, fancying the dog was dead, as the spasms had ceased and it lay apparently lifeless, I moved it with my foot, when it at once struggled to its feet, and shortly after staggered to its usual corner by the parlor fire; it took some milk, and except for being quieter than usual, seemed nothing the worse for the ordeal it had passed through. That the fatal effects of a poisonous dose of strychnia were thus counteracted so successfully by what I should say was a poisonous dose of chloral, given hypodermically, is an interesting fact verifying the experiments I alluded to. Without such experiments on the lower animals, a medical man might often be found standing by, helpless to aid his fellow-man under similar effects of poison.—*The Daily Graphic*.

## Malaria and Struma in their relation to the Etiology of Skin Diseases.

BY PROF. L. P. YANDELL, M. D., LOUISVILLE, KENTUCKY.

(Continued from page 51.)

NOTE.—After the reading of the foregoing report, Dr. Bulkley, of New York, moved that a committee be appointed to investigate the subject clinically, and to report at the next meeting.

Dr. Heitzmann, of New York, opposed such action on the ground that the doctrine was an old one, having been brought forward by a Hungarian physician, Dr. Poor, ten years ago, and having been disproved in Hebra's clinic. This Hungarian claimed, Dr. Heitzmann said, that *all* acute skin diseases originated in malaria, and *all* chronic skin diseases originated in scrofula. Dr. Heitzmann further declared that there is no malaria in Vienna.

Dr. White, president of the association, stated that malaria is unknown in Boston:

Dr. Bulkley, of New York, said that the malarial element was of little or no account in the skin diseases in New York; and none of the fourteen members present were inclined to accept my views.

The action of my colleagues of the American Dermatological Association was not unexpected by me; indeed, it was perfectly natural under the circumstances. Men of science should be slow to embrace new ideas, and no doctrine deserves to receive credence until it has been rigorously investigated. All that I ask is an unprejudiced clinical examination of this subject by the profession. If my opinions are correct, then I have brought most valuable truths to light; if my opinions are wrong, then the etiology of the skin diseases only remains in its former obscurity. The statement of Dr. Heitzmann that my views are old, and that a Dr. Poor, of Hungary, had announced the same doctrine ten years ago in Germany, was news to the other members of the association as it was to me. I had believed myself to be the discoverer of the important facts concerning the causes and treatment of skin diseases which I have been teaching for five years. The truth of the ideas in question however, and not the priority of their discovery, is what we are all interested in.

Drs. White and Bulkley and Heitzmann are gentlemen of learning and distinction in dermatology, and I justly appreciate the weight

of their opinions; but when they assert that there is no malaria in Boston, New York City and Vienna, I must venture to take issue with them, for I have myself seen the evidences of the malarial poison in all these cities, and the conditions productive of malaria assuredly exist both about and in these cities. That the distinguished gentlemen whom I have just mentioned have not observed the evidences of malaria is but negative testimony. After my report was completed, I had the good fortune to become possessed of McCullough on Malaria, published in 1829, and in this most valuable and interesting work I find recorded many facts which I had already learned in practice, and thought were discoveries of my own. I commend McCullough on Malaria to all who are interested in this momentous question.

From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this:—*Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the coexistence of these two things.* The specific exanthema, of course, are not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria or struma. I do not claim that malaria or struma are the sole causes which produce the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the antistrumous remedies on the one hand, and by the antimalarial on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malarial or the struma as the case may be.

It is a very great, though a very prevalent error, to deny the presence of malaria in every region where intermittent fever is not found. "Malaria does not necessarily produce intermittent; as the pure and simple original malarial fever is rare in many of the most pestiferous regions."



tions of Europe; yet no one doubts its existence in those countries." (McCullough.)

In this city, Louisville, in its earlier history remittent was a most frequent and a very fatal form of fever; now, it is exceedingly rare and never severe or fatal. Pernicious intermittent was once a not uncommon malarial manifestation in this region; now it is almost, if not entirely unheard of. Shaking agues, genuine chills, were twenty years ago even excessively common, and now-a-days dumb chills or other "masked intermittents" have nearly entirely superseded them. Malaria is beyond question most virulent and rife in the warmer regions of our country; but except possibly in exceedingly circumscribed localities, it will be found to exist from land's end to land's end, and in similar climates in other countries the same I am convinced is equally true.

The ancients were well acquainted with malaria. "Those in Greece who rescued marsh-lands to cultivation were exempted from all taxes and public services; and the very fable of the Lernean Hydra and the deeds of Hercules, is but the poetical record of a successful operation of this nature." (McCullough.)

In conclusion, I desire to impress upon the reader that my views are not confined to the skin diseases. What produces disease here will produce it in all the other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body. Acute leucorrhœa, amenorrhœa and dysmenorrhœa, the acute ophthalmias and otitis, acute cough, neuralgias, diarrhœas and dysenteries, for example, are, according to my experience, more often directly or indirectly caused by malaria than any other cause, and are most satisfactorily managed by quinia and iron.

A general practitioner of medicine myself, I appeal to the general practitioners in the country and in the cities to give these matters careful thought and patient investigation. Bear in mind how little the mere statement of a patient is worth. Interrogate all his organs and functions, and compare his tongue and countenance, and expression and pulse, and discharges and sensations, with his assertions; and repeat and reiterate your questions until you are confident the patient is not intentionally or unintentionally deceiving you. Oftentimes your client will assure you that he has no fever, no time of particular drowsiness

or irritability, or depression or languor, or thirst or pain, or itching or cough, or diarrhœa, and so on; and yet you will find, after profuse questioning, that he has not stated the fact, and that he has some periodical symptom. No figure could so perfectly typify malaria, as does the hydra. It forms like the hydra's heads, are almost innumerable. Different writers differently estimate the number of heads possessed by the fabled hydra, and so do medical men differ as to the number of forms taken by malaria.

I trust the repetition indulged in in this note may be pardoned, because of its seeming necessity in order to impress my meaning more distinctly.

#### To Cure Chills without Quinine.

How to cure chills and fever without Quinine, which I never use in any form. When called to see a patient before the chill comes on, I order them to soak their feet in a solution of salærated water, about as warm as the feet can bear it. Wipe them dry, then sponge the body in the same way, wipe dry, get into bed, put a jug of hot water at the foot of the bed, over the sheet and under the quilts, place the feet against the jug, take diaphoretic powders or drops, which ever are the most agreeable to the patient. Repeat as often as the physician prescribes, until a deep state of perspiration is produced, and then keep quiet until you dry off, then sponge off with warm alcohol and water; repeat two hours before the time for the next chill or fever to come on, then give a diaphoretic powder, the next day or two after, often enough to keep the body in a moist state; then give some tonic for a few days, and in nineteen out of twenty cases they will never have a chill or fever after this treatment.—*The St. Louis Eclectic Medical Journal*.

#### Treatment of Delirium Tremens.

C. S. Wills states, in the *British Medical Journal*, February 2d, that he has used capsicum for more than twelve years in the treatment of delirium tremens with unvarying success; it has never failed, no matter how violent the patient may have been. In extreme cases thirty grains in bolus may be given every hour, but milder cases simply require smaller doses.—*Buffalo Medical and Surgical Journal*.

### Treatment of Tubercular Phthisis.

BY C. G. POLK, M. D., PHAR. D.

The management of tubercular phthisis consists in the judicious employment of prophylactic, hygienic and therapeutical measures. It may be briefly stated that the prophylactic remedies are well ventilated residences, plenty of fresh air in the sleeping apartments, a rich, nutritious diet, and temperance or abstinence in the gratification of the sexual instinct.

The hygienic embrace the prophylactic in combating the already expressed disease. In addition to these may be added the abandonment of occupations which are unfavorable to the highest degree of physical vigor, or which favor or excite the process of tuberculization. The best climates are those in which the atmosphere contains a moderate amount of ozone. Absence or deficiency seems to exert a direct influence in depressing vital vigor and in arresting the morphological processes, by which repair and waste are counter-balanced; while an excess seems to produce irritation, and awaken if not generate *de novo*, inflammatory conditions of the respiratory organs. Denver, Colorado, Sussex County, Delaware, Asheville, North Carolina, and Aiken, S. C., are the best locations in the United States. The Invalid homes at Asheville and Aiken are under the management of two excellent physicians, and offer unsurpassed inducements to the victims of this malady. I recommend the cases of incipient disease to Asheville and the more advanced to Aiken, but this notion of preference as to stages of disease may be without just basis. I never neglect to cause my patient to practice deep and forced inspirations, so as to force the air into the apices of the lungs. If possible, let the patient take a daily ride on horseback, or in a carriage, and when this exercise cannot be secured, let them take a daily walk, with the chest well expanded and the shoulders thrown back.

The diet should consist of broiled beef-steak, eggs, oysters, onions, and such vegetables as are the most palatable, especially potatoes, beans, lentils and peas. Good ale may be drank with each meal or with the principal meal, or good wine may be taken instead.

Cod Liver Oil is the remedial agent upon which the profession places the greatest degree of confidence. Whenever it does not disagree I give it, but recently I have abandoned every form of it, except in combination with extract of malt. The combination effected by Messrs. Tilden & Co. is the perfect ideal of a cod liver oil emulsion, concealing better than any other excipient its nauseous taste, and the malt extract even surpassing pancreatine in preparing the oil for assimilation. A tablespoonful

given thrice daily before or after meals is usually attended with very excellent results, as will appear in the record of cases.

Extract of Malt is now extensively used in Germany, France, and England, and many physicians of high standing think it even more efficacious than cod-liver oil. The rule however which I am following, is to give the oil whenever it is kindly received by the stomach and to totally omit, if it excites nausea or interferes with the appetite or with digestion, although were I compelled to choose between cod-liver oil and extract of malt, I would not hesitate to give the preference to the malt.

Several of the combinations are valuable and may be employed with excellent results; the combination with iodide of iron has been quite extensively used by me, and I very highly esteem it: the extract of Malt and Hops has ever succeeded in yielding good results. I find it relieves the cough, increases the appetite and procures sleep in cases in which other tonics and anodynes have been employed without success. The combination with Firwein is giving me positive satisfaction, and I think is destined to become one of the most valued preparations in the treatment of consumption.

The phosphorous compounds have acquired a permanent place in the treatment of phthisis. Of these, the hypophosphites are the most extensively employed. They belong to two classes—laboratory made hypophosphites, which, according to all respectable chemists are monobasic hypophosphites, the hypophosphorous acid containing three atoms of water, with the capacity to unite with but one atom of a base. This class of hypophosphites was introduced by Churchill in 1857. The other, or tribasic hypophosphites are obtained from animal brain, and wheat, by digesting them in a menstruum of alcohol, chloroform, bi-sulphide of carbon, and ter-chloride of carbon. The preparation containing all the phosphorous elements of brain, in their nitrogenous association, is known in medical practice as "Protagon," while there is another preparation, prepared by a more complex method known as the "Glycerite of Vitalized Hypophosphites." The latter is a much stronger, and a more expensive preparation, containing 45 per cent. of phosphorized elements, in 55 per cent. of chemically pure glycerine. My favorite is "Glycerite of Kepheline," a solution of hypophosphites isolated from their nitrogen association and dissolved in chemically pure glycerine. Each 100 parts contains 40 cent. of phosphorous elements.

The theory upon which the hypophosphites have come into medical practice, was conceived by Churchill of Paris, and I cannot

better than quote from Galignani's Messenger, March 1858. "Churchill, by a series of scientific deductions, came, (in 1855) to the conclusion that it was not only necessary to admit that phosphorus existed in the body, in an oxidizable form, as hypophosphorous acid, but likewise that the proximate cause of, or at least an indisputable condition to the existence of consumption or tuberculosis, was the undue waste or the deficient supply of this principle."

In a paper of mine on the "Phosphate of Iron," published in the Medical and Surgical Reporter, Aug. 2nd, 1873, and republished in the Druggist's Circular, (Jan. 1874, page 26), I said: "During the summer of 1857 I devoted especial attention to the study of tuberculosis. Analysis of twenty autopsies gave evidence of a marked diminution of the amount of phosphorus, in the brain and nervous system, with apparent atrophy of the cerebellum and medulla oblongata. I became convinced that the seat of the disease was in the medulla oblongata; that through the pneumogastric nerve was transmitted, as by a telegraph wire, the morbid impression by which the digestive, and assimilative functions became impaired, and the tubercle originated in the lungs." I quote the above, to show that there exists no conflicting claims between Churchill and myself. Churchill reached his conclusions in 1855, "by a series of scientific deductions" while I verified these conclusions by "analysis of twenty autopsies, of the victims of phthisis in 1857," and found that a deficiency of the phosphorous elements was a uniform characteristic of tuberculosis.

But I am reiterating a well accepted fact, when I state that pulmonary disintegration is ever the immediate consequence of inflammation. While there is no doubt but that the deficiency of phosphorus is a determining cause in producing a devitalized condition of the pulmonary cell structure, it is equally true if pneumonia can be obviated, that tubercular deposits will fail to awaken disintegration, and that the tubercles will shrivel, be reduced, to an oily character, and thus be removed, or they will imbibe calcium phosphate and be finally expectorated in calcareous masses. To obviate the supervention of pneumonia has been a subject of deep concern. experiments have failed, but recently I have found the nearest approach yet made to wishes, in Firwein. A fir wine in which embodied the most perfect blending of bal-  
 ic and alterative properties. Twelve  
 mths ago, I began testing this agent in tu-  
 berculosis, and my experience in sixty eight  
 s justifies me in calling it a very valuable  
 repentical combination in this malady. The  
 of a few cases demonstrate this.

First: George A., 1308 S. 9th Street, sent for me December 4, 1877. Found him quite emaciated, night sweats, diarrhoea, hectic fever, cough, hæmorrhages and muco-purulent expectoration; large vomica in right lung.

Prescribed:

R Ext. Malt and Cod-liver oil  $\frac{3}{4}$  xvj.  
 Tablespoonful thrice daily, before meals.

R Firwein.....  $\frac{3}{4}$  xiv.  
 Glycerite of Kepheline.....  $\frac{3}{4}$  ii M.  
 Sig. Teaspoonful thrice daily.

December 11th. No improvement; same treatment. Dec. 18th. Appetite better, no hæmorrhage during past week; cough less troublesome, expectoration less free, bowels regular; continue same treatment.

December 25th. Still improving, but night sweats still keep down his strength. Prescribed Sulph. Atropiæ, grs.  $\frac{1}{4}$  and Oxide of Zinc  $\frac{3}{4}$  j. M. Div. in pil. no xv. Take one in the morning and one at bed time.

Jan. 1st. Still improving, night sweats still continue.

Jan. 8th. Gaining flesh, appetite excellent, cough but little troublesome.

March 1st. Omit Firwein. Take Extract of Malt  $\frac{3}{4}$  xvj.

Tablespoonful thrice daily until the summer opens.

This case is a fair index of many others, to whom I have given this treatment.

T. R., aged 30, stone cutter; case well advanced, prognosis unfavorable; large vomica in right lung; cough, difficult respiration; unable to lie in bed, emaciation well marked. Family history seems entirely free from tubercular taint. Pronounced his case sclerosis of the lung, caused by inhaling particles of stone while pursuing his vocation.

Prescribed Nov. 12th, 1877. Ext. Malt  $\frac{3}{4}$  xij.  
 Sig. Tablespoonful thrice daily.

R Firwein  $\frac{3}{4}$  xvj. Dessertspoonful every 3 hours. Nov. 18th. Thinks he is better but still is annoyed by his cough. Directed to continue the malt extract and take a dessertspoonful of the Firwein in a  $\frac{1}{2}$  wineglassful of Ferrated Wine of Wild Cherry.

Under this treatment, he improved until Christmas day, when he walked out with his brother to dinner, about four hundred feet distant, and contracted a slight pneumonia.

December 27th. Discontinued previous treatment, and prescribed:

R Pulv. Camphoræ..... grs. xxxii.  
 Ammonii Carbonatis..... 3 j.  
 Tinct. Opii..... 3 ii.  
 Pulv. Acaciæ..... 3 vj.  
 Fluid Ext. Glycyrrh..... 3 vj.  
 Aquæ Menth. Virid. .... qs ad  $\frac{3}{4}$  iv. M.  
 Sig. Dessertspoonful every three hours.

Dec. 28th. No change; continue the same treatment. Dec. 30th. Decided improvement. Continue the same treatment.

Jan. 3rd. Resume the Malt and Firwein.

This patient continued to improve until February 16th, when his father changed his residence. In moving he again contracted pneumonia, and died Feb. 20th.

Although this case terminated fatally, I am sure that if he had not contracted the last attack of pneumonia, he would have recovered sufficiently to have lived several years.

Case 3rd. E. S. J., machinist, age 34. Familarly decidedly phthisical. Came under my charge October 25th, 1877.

Prescribed Ext. Malt.....  $\frac{3}{4}$  xiv.

Glycerite of Kepheline.....  $\frac{3}{4}$  ij. M.

Sig. Tablespoonful thrice daily.

R Fluid Ext. Yerba Santa.

Firwein aa  $\frac{3}{4}$  viii. M.

Sig. Dessertspoonful thrice daily.

When this patient came into my hands, he was decidedly emaciated, a large vomica in apex of the left lung, a harrassing cough, mucopurulent expectoration, night sweats, which were profuse and debilitating, appetite poor, acid eructations after eating.

Upon the above treatment he has now entirely regained his health and strength. My experience in the other sixty five cases, is that we have in the Ext. of Malt, Firwein, and Glycerite of Kepheline, an assemblage of remedies which will do more in arresting the progress of tubercular phthisis, than any known remedy, or combination of remedies hitherto employed.

#### A Doctress writes to the Australian Star.

That more quarrels arise between husbands and wives owing to electrical changes affecting their nervous systems by occupying the same bed than by any other disturbing cause. "There is nothing," she says "that will derange the system of a person who is eliminative in nervous force like lying in bed all night with another person who is absorbent of nervous force. The absorber will go to sleep and rest all night, while the eliminator will be tossing and tumbling, restless and nervous, and wake up fretful and disheartened." No two persons should habitually sleep together, according to this authority; one will thrive and the other lose. — *The Sun*.

The new Hotel Dieu is said to contain four hundred beds, and to have cost forty millions of francs.

#### Music as Mind Medicine.

THE STRANGE EFFECTS THAT SINGERS AND A BAND PRODUCED ON LUNATICS YESTERDAY.

MERRY PATIENTS ON BLACKWELL'S ISLAND WHO AN HOUR BEFORE HAD BEEN DULL, SAD AND MANIACAL.

The experiment of medicating with music, minds diseased, was tried for the fifth time in the Blackwell's Island Asylum for Lunatics yesterday, and Mr. J. N. Pattison, the pianist is entitled to the credit of originating the plan. The experimenters included, besides Mr. Pattison, Drs. Geo. M. Beard, M. A. Wilson and W. W. Strew, Medical Director of the Asylum; Commissioner Brennan, City Chamberlain Tappan, Police Justice Flammer, Messrs. M. W. Wall, T. D. Wilson, W. J. Drake, and of the Musical Guild Mr. A. E. Stoddard, Miss Annie Borie and Miss Rosetti. The instrumental music was furnished by Mr. Pattison on the piano and by Downing's Ninth Regiment Band of forty performers.

The experiments began with the application of the musical remedy to the most stubborn chronic cases in the asylum. The first patient introduced to the musical influence was one who had been for nine years in the asylum under treatment for chronic mania. From her admission the probability as to her cure has been unfavorable, and the frequent recurrence of violent paroxysms, has given no reason to change the unfavorable expectation. Yesterday she was in one of her violent moods. Mr. Pattison first exhibited a heroic dose of Beethoven's Funeral March. Under its solemn and tranquilizing effect, the patient grew quiet in one minute and began to smile. Her pulse was 120 when she was first introduced to the music, and at the end of the first minute it had noticeably abated in frequency, although the exact pulsation was not recorded. Two minutes passed and she became violent again. Pianissimo passages of the music were then played, and she became so quiet that she chatted somewhat intelligently with Mr. Pattison. Her pulse then was 100. Other music of a livelier sort caused a swifter pulse and less rational behavior. The verdict of the doctors was that she was a good subject for musical treatment when administered doses intelligently given. On the whole, the experiment as to her was not considered satisfactory, although on a previous occasion she had lowered her pulse from 150 to 80.

The second experiment was upon a woman thirty years old, who has been in the asylum three years under treatment for chronic mania. Probability for recovery very doubtful. The woman was violent at all times, and yesterday



added profane abuse to her habitual manifestations of insanity. She is also subject to nervous trembling. When Mr. Pattison began a plaintive nocturne by Chopin, her pulse was wiry, but became fuller almost at once. She soon began to talk sensibly and coherently. An adagio by Beethoven added to the tranquilizing effect, and after such familiar airs as the "Old Folks at Home" and "Home, Sweet Home," her skin became warmer and her nervousness passed away. The woman was sent back to her quarters without the straight jacket in which she had been brought to the hall. This was regarded as a very successful experiment.

No. 3 was a noisy, incoherent and spasmodically violent Irish woman of thirty-six, who has been for a year under treatment for mania. She was quiet when first subjected to the musical influence, but under "The harp that once through Tara's halls" her pulse jumped from 80 to 104. Still, she had been stubborn and abusive before, and an interval of good-natured loquacity was regarded by the experts as an improvement in her condition. She took great interest in "Kathleen Mavourneen," became quieter and more tractable and went back to her cell in a quieter humor than she had shown for months.

The fourth subject was a woman of twenty eight, who had been afflicted with puerperal mania for a year. She was violent on being taken into the presence of so many strangers, but under soothing music she forgot her self-consciousness and her pulse gradually sank in frequency from 130 to 115, below which no music could reduce it.

A victim of temporary mania and incipient melancholia, aged forty, and three years under treatment, was passive, and noticed nothing when introduced into the temporary clinic room, still her pulse was very excited. The music so charmed her that when she was released from the experiment, her pulse had attained the comparative quiescence of 84 beats.

The next subject was a woman of thirty-two, whose chronic mania, it was thought, could not be alleviated. Under the previous musical trials her insanity took a religious character. She then fell upon her knees and prayed fervently. Yesterday the same tunes that before awakened her intelligence, again produced the same effect. The improvement earned by the expert lay in the circumstance; she refused to kneel. "I will not kneel as Mr. Cook is here," she said, and so she stood. Mr. Cook was her pastor, a German woman, and the music that had her so consisted of familiar German

for the most interesting experiment was

upon Martha Porter. She is comely, about thirty, and when taken to the asylum was in a condition of seemingly hopeless melancholia. No treatment effected any change for the better in her downcast expression and voiceless apathy. Her natural cravings were gratified in the perfunctory fashion of an automaton. She has been subjected to the musical treatment with the most hopeful results yet achieved. The first dose, so to call it, aroused her interest enough for her to notice surrounding objects. The second still further awakened her intelligence, and with the third came a child-like affection for the genial and colossal Commissioner Thomas S. Brennan. Her days are spent in counting the hours she must be away from him, and she shows a babyish delight whenever she is near the Commissioner. She occasionally replies to questions addressed to her, by others than the Commissioner, although this is not usual unless she hears the music which first aroused her interest. Yesterday she so far recovered that she chatted sensibly with whoever addressed her, and so long as she heard the music was in a state of exultation.

Two other most valuable experiments were upon cases of dementia complicated with a condition resembling catalepsy. Both patients were totally indifferent to external conditions. As is usual in the cataleptic trance, in whatever position a limb was placed it remained. If an eyelid was raised by the experimenter, there it would remain so, despite sun, wind or the contact of anything that would ordinarily close the eyelids involuntarily. To all intents and purposes, excepting that they existed, they were dummies. Mr. Pattison dosed them with the "Rhapsodie Hungrois," and afterwards with the "Cradle song." Their pulses changed from 80 to 84, and the temperature showed marked improvement, although the cataleptic condition was not removed.

The experts summarized their conclusions from their observations as follows:

1. Instrumental music has in some cases a temporarily good effect, which varies with the nature of the music and its adaptability to the temperament of the patient. These qualities granted, music tranquilizes the violent, soothes the nervous, makes the stolidly melancholic chatty, cheerful or disposed to weep, the latter being regarded as a symptom of improvement.

2. That in all probability these effects of music may be made permanent by continuous treatment adapted to the individual cases, administered in properly regulated doses.

By far the majority of the patients were the victims of stolid, apathetic melancholy, which masked their faces impenetrably at first.

Here and there were noisy, chatty or turbulent maniacs, but they made only an insignificant showing among the masses of hopelessly obscured minds. The faces of the majority brightened under an air from Mendelssohn. The overture to "William Tell" had even a more powerful effect. Very few even of the most apathetic remained unconcerned, and when a storm strain was rehearsed there was a buzz among the maniacs that sounded like the chattering of many teeth. They had caught the very spirit of the music and were its subjects. Following this were marches and martial music, under which a number of the patients became almost too excited to restrain themselves, although they were not violent. They were let down gradually from this state of exaltation by dancing music and other light music until it was thought safe to try the effect of singing. Mr. A. E. Stoddard sang to an audience as quiet and attentive as he could desire "The Jolly Raftsmen," and, in encore, "The Heart Bowed Down." The lunatics applauded him to the echo.

After the "Postillion Waltz" by the orchestra, Miss Annie Borie sang, first, Pattison's "Waltz Song," and, in response to an encore, "Beware!" The patients received both songs enthusiastically, so much so that the orchestra was prompted to try the soothing effect of the medley, "Echoes of Killarney."

The concert proper was ended by Miss Rossetti, who sang a waltz and "Ave Maria" with such expression that the patients became wildly clamorous for a dance. The indulgence was granted, and after the seats had been removed the floor was crowded with dancers. Jigs and polkas put life and mettle into heels that had not kept time for years before. Old and young, the hysterical and the melancholic the violent and the stolid, quadrilled and waltzed in ecstasy of excitement for half an hour. Finally, at the order of Dr. Strew, they paired off and marched to their wards without any demurrer or manifestation of insubordination.—*N. Y. World.*

#### Treatment of Chorea.

Prof. H. C. Wood, Jr., M. D., suggests as a new remedy for chorea the saturated tincture of the rhizoma of the common skunk cabbage, *dracontium foetidum*. It must be made from the fresh roots in the fall of the year and before drying. Sixty to ninety drops are given three times daily. The basic treatment of chorea always is tonic. Fowler's solution is highly approved of, but it must not be used at the same with dialyzed iron. The bromide of iron, so highly lauded by Dr. Costa, Dr. Wood declares is worse than useless. Cimicifuga and bromide of potassium are also commended.—*Mich. Med. News.*

*For Journal Materia Medica.*

#### Therapeutic Hints.

BY W. C. BUCKLEY, M. D., PHILADELPHIA, PA.

##### *Aconitum Napellus, (root and leaves.)*

The usual dose, perhaps, employed by physicians generally, when used in the form of tincture, is from one to five drops and more than this in the writers own experience is scarcely ever needed, especially when it is given for its febrifuge effects. The tinct. of the root is now alone official, but having been in the habit, heretofore, of prescribing the tinct. of the leaves, and having always had sufficient power from it, we still hold to its use for all febrile and inflammatory affections. If we were to prescribe the tinct. of the root internally, we should not give more than one half the usual quantity given for a dose. For external purposes, the tinct. of the root is the more efficient of the two.

The fluid ext. of aconite is no doubt as good a preparation as any, and may be used in the place of the tincture. The dose is much smaller than that of either tincture, it being about from one fourth of a drop to three or five drops—these doses are the minimum sizes, meant for frequent repetition; they will be found efficient, and they are entirely safe. Children require much less at a time, than the doses we have named. The solid ext. of aconite is used in pill form, conveniently, and may be given in neuralgia and rheumatism in doses of from the one-thirtieth to the one-fourth of a grain, and may be repeated every hour or two or three, as may be required. In the administration of poisonous remedies, we should always give the minimum dose at first, then, if necessary, increase its size gradually until the desired effect is had.

In all acute affections, the dose should be repeated at shorter intervals than in the chronic or less active form. In acute inflammation, with much fever and pain, the dose may often be repeated every half hour or hour for the first two or three times, then every two or three hours until entirely relieved. Aconite may be very advantageously combined with morphia acetate, or with any other preparation of opium when not contraindicated congestion of the brain or other organs. Where congestion is present, tinct. belladonna in one or two-drop doses of the tinct. may be combined with the aconite, especially if congestion be of the brain, lungs or kidneys. The fluid extract of ergot may be also used with it, for the purpose of contracting the pillars and thereby promoting balance of circulation.

Contrary to the old notion that exis

few years back, that aconite was only of value in cases of neuralgic pain and the like: it is now employed in almost every variety of affection from the merest headache or neuralgic pain to that of the highest state of inflammatory fever. It is to day the great *anti-inflammatory* remedy, with many successful practitioners. Its *anti-pyretic* properties are probably equal to that of any other known remedy and no doubt very superior to many still in use. In medicinal doses, employed in fevers, it acts rather slowly, but very certainly in modifying the force of the pulse and in producing perspiration, thereby lowering the temperature of the body.

It may be relied upon when combined with chlorate of potassium and belladonna, for the relief of all forms of angina, as scarlet fever, mumps, quinsy, croup, putrid sore throat, diphtheria etc.

Of course, in the later stages and where septic poisons exist, other disinfectants and antiseptics are required, used mostly as local remedies alone, restoratives being the general remedies demanded.

In the ordinary sore throats we so frequently find in the young, a fraction of a drop of aconite and belladonna tinctures, with two or three grains of chlorate of potass. and a little syrup or sugar and water, is all that is required, and it is very probable, when early employed, may often prevent a more severe attack. Such has without doubt often been the case at our hands.

Inflammation of the lungs, bronchi, bladder, kidneys, heart, brain, spine, uterus, vagina, urethra, bowels, spleen, muscles, joints, tendons, eyes, ears, nose and throat are all diseases in which aconite will be found to rank first among the host of anti-inflammatory agents, and probably second to few as a *neurotic*.

In asthma, *humid*, or *dry*, that is, with or without expectoration, aconite is a very excellent remedy. In the humid or moist asthma it may be combined with the fluid extract of *grindelia robusta*; a dose of each may be given every two or three hours until relieved, then less frequently.

In the dry form of disease, aconite may be in conjunction with *lobelia* and *hydrocyanic acid*, until secretion is established; then may be given alternately or combined with *rhonidia* and elixir of *eucalyptus*; say, take elixir of *eucalyptus* one drachm, *cinchonidia* grains and tinct. aconite leaves from two our drops; mix, and give for a dose, to be ated every two or three hours, until a decided change for the better is had, then every or six hours as long as required. The extract of *grindelia* will also be found a

useful adjunct. We have had very good results from the hydrobromic acid in these cases. Also from the use of the bromide of ammonium in connection with the aconite; nervous conditions call for the use of these remedies. Bromide of ammonium and hydrobromic acid are useful where the dyspnoea is connected with palpitation of the heart.

Asthma attended with spasmodic constriction of the bronchial tubes, often leads into dilatation of the right cavities of the heart, or to insufficiency of the tricuspid valves; this occurs more frequently in *emphysema*, the symptoms of which are very similar to those of ordinary asthma, only more severe.

The cough, the wheezing, the difficulty of breathing, the stricture of the chest, and the wind-belching are all as in asthma, difficult, only more so.

The physical signs reveal an expanded chest from the collection of air within, also a bulging out between the ribs; percussion gives consequently, a hollow sound, and there is heard on auscultation a feeble vesicular murmur. The causes being hypertrophy of the heart or dilatation of the same, it follows that unless fever be present, aconite will be of little avail here, but if there be fever from cold or other cause it will be of great utility, but *lycopus* and *collinsonia* are of use in a great degree, because they are peculiarly *heart-tonics*. Give ten to twenty drops of the fluid extract of either, two or three or four hours apart.

[To be continued.]

For Journal Materia Medica.

## Two open Fracture Wounds of the Skull.

Cut-wound of the Neck, and Fracture of Clavicula and next lower Rib.—  
Recovery.

BY R. MENGER, M. D., SAN ANTONIO, TEXAS.

A Mexican woman, 40 years old, was wounded with a hatchet by a man, her former husband, with intent to kill her. About  $\frac{1}{2}$  hour after she was struck, I saw the woman lying on the ground, the bloody hatchet near by her side. She was bleeding profusely from three wounds.

On the centre of the head was an open wound which perforated the skull, and on the back of her head near the occipital ridge, another one, also fracturing the skull. The upper wound, about  $2\frac{1}{2}$  inches long showed distinctly the pulsation of the brain; the bone was elevated on one side above the level of the skull, and had sharp edges. The other wound showed also clearly the pulsation of the brain; it was a very sharp cut-wound, about 1

inch in length; had also received a wide, open, sharp cut-wound, 6 inches long, beginning beyond the mastoid process, and ending near the middle line of the neck. The cut penetrated through the sternoid muscle, reaching very close to the carotid artery.

The bleeding of the veins on that part had been very profuse, although it soon stopped by ligature and closure of the wound. The clavicle near the sternum was fractured, and also the next lower rib, at about the same place.

The wound of the neck was immediately closed by sutures; also the wound on the back of the head. Being without professional assistance, I could not reduce the elevated bone in the middle of the head and thought to perform a partial resection of the same the next morning, when, although by heavy hand pressure of an assistant, the bone was brought lower down, and the wound closed by sutures, leaving space enough for the escape of the secretions. After this: ice-bag on the forehead; antiseptic applications to all three wounds; bromide of potassium internally the first night, although changing the same in the following nights with chloral hydrate (25 grs). During the two first days her sensorium was not much out of order; the temperature 2 degrees above normal; pulse very feeble, 95; she could eat a little soup of milk and eggs.—On the third and fifth day, when the wound of the neck suppurated profusely, discharging an immense quantity of stinky pus, which seemed to me to come from a communication of the wound with the pleura beneath the contusions of the chest, and fracture of the clavicle: the sutures were all removed, and the interior cleansed with salicylic wool and thoroughly disinfected with the spray of carbolized glycerine. A few sutures of the wound in the middle of the head were removed also, when some lymphatic fluid and pus was discharged by each pulsation of the brain.

No vomiting had occurred up to this time, the pulse was also becoming more normal, and the sensorium was entirely unimpaired. On the 6th day the woman was very restless, and complained over the wound on the neck which suppurated profusely.

From the 7th day on, the wounds were granulating speedily, and after the intense suppuration was over, the wounds were stitched again. The woman was, during this and the later time, improving in general: she was nourished, (with a curved glass tube) by a mixture of milk, Ext. Malt, beef, iron and wine. Up to the 3rd week she took, every night, 20 grs. of chloral, when rest and sleep set in very promptly and continued till about 4 o'clock in the morning.

Now in the beginning of the fifth week, the woman is sitting up and only the upper, larger wound of the skull is not quite closed, but cicatrizing rapidly; the wound of the neck and back part of the head is entirely closed.

This is a remarkable case, in so far as either one of the wounds would have produced death in any other person of European and not half-Indian race.

Some time back, a Mexican woman in this city had a gun-shot wound in the middle line of the forehead, about  $\frac{1}{4}$  inch above the nasal bone, where also, the pulsation of the brain was distinctly to be seen, and she also recovered entirely, without the least mental or physical disorder, and is living this day with the bullet lodging in some point of her interior skull.

#### Action of Iron, Cod-liver Oil, and Arsenic on the Globular Richness of the Blood.

Drs. E. G. Cutter and E. H. Bradford, of Boston, have contributed an article upon this subject to the January number of *American Journal of Medical Sciences*. As the result of many observations, which are given in detail, they have deduced conclusions as to the effect upon the blood produced by administration of these drugs, both in health and disease. We have not space to give the experiments made, but it is evident the conclusions arrived at are warranted by the result observed after continued experimentation.

1. In health, iron causes no increase in the number of the red corpuscles; but in the pathological state called anæmia there is an increase in the number of the red corpuscles under its use.

2. In the healthy subject, cod-liver oil caused an increase in the number of the red corpuscles and a slight increase in the white. In certain pathological conditions this seems to be also the case if the medicine is well borne. If, however, the morbid process is active, and the appetite is disturbed, the medicine does not appear to check the consequent anæmia.

3. Liquor potassæ arsenitis given in health caused a progressive decrease in the number of the red and white corpuscles, that of latter being most marked. In simple anæmia on the contrary, there seems to be an increase at first of both the red and white corpuscles. After a certain point there is a steady diminution of both, however. In the case leucocythemia there was a decrease in both the red and white corpuscles, the decrease the latter being very marked.—*Toledo M and Surg. Journal*.

### A Physician's Experiment.

[From *Nature*.]

At a public lecture at Salisbury Hall, Oxford street, recently, Dr. T. L. Nichols, of Malvern, related particulars of a "dietetic experiment" upon himself which he made with a view to solving a difficulty as to the quantity of food per diem which would best sustain health. He began on November 5, his food being chiefly bread, fruit, milk and vegetables. During the experiment he had taken no flesh meat, wine, beer, spirits, tea, coffee or tobacco. With regard to smoking, if it were the good thing people said it was, why not encourage their wives and daughters to smoke? Medical authorities differed as to the quantity of food that should be eaten, and it was a common belief that the more food we ate the greater would be our strength.

The first week, the lecturer stated, he lived on bread, milk fruit and vegetables, the total weight being 3 lbs. 9½ oz., costing 3s. 1d., i. e., a daily average of 8 3-14 oz., costing 5 2-7d.; this was slightly below his standard of 6d. a day. He felt better and clearer and brighter than usual. The second week he studied quality rather than cheapness, his food being Food of Health, milk and fruit. Total weight, 4 lbs. 4½ oz.; cost, 3s. 8d.; average per diem, 9 5-7 oz., costing 6 2-7d., and nothing could have been better, physiologically, than the effect of that food upon him. His digestion was simply perfect and the action of the whole system as good as it could be. He then discontinued milk as unnecessary. For the third week the total amounted to 3 lbs. 2 oz., equal to 1s. 9d., giving an average of 7 1-7 oz. of food, costing only 3d. per day. Milk was not so cheap for food as Gloster, Dutch and American cheese, because they had to pay for the water it contained. Doctors recommend 2 or 3 lbs. of food daily to repair the waste of the system; but he asserted that the waste of brain atoms and nerve force could not be measured. The food eaten had to be disposed of at great cost of life and strength, and he believed the wisest plan was to eat the smallest quantity that would properly support the body. The fourth week, his food being similar, weighed 3 lbs.

8 oz., costing 1s. 2½d., giving an average of 3 1-2 oz., equal to 2d. per day. He considered 8 oz. minimum and 12 oz. the maximum quantity of food that should be taken per day. The total weight of his food during the four weeks was 14 lbs. 6 oz., costing 9s. 3½d.; average per week, 3 lbs. 9½ oz.; per day, 8 oz.; per week, 2s. 5d., and per day 4 1-7d. He then added soups, puddings, eggs, &c., and the fifth week his food weighed 3 lbs. 12½ oz., costing 3s. 4d., being at the rate of 8 4-7

oz., at 5 5-7d. per day. For the sixth week the figures were 63 oz., at 2s. 1d., or 9 oz. at 3 4-7d. per day. He had taken the diet without stimulants and had experienced a constant increase of health and strength and power to work, and his weight had remained at about 12st. 2 lbs., except that at the end of the fourth week there had been a slight decrease which had since been recovered. The experiment had been fairly made upon an average subject and the results were satisfactory. He was convinced that they ought to give rest to the stomach, and that this would cure all cases of dyspepsia. The diet question was at the root of all diseases. Pure blood could only be made from pure food. Proper attention to diet would reduce the rate of infant mortality and remove many diseases. If the drink of a nation were pure and free from stimulating qualities and the food was also pure the result would be pure health.—*Daily Graphic*.

### Amputation of the Penis.—Transplantation of the Urethra.

The ordinary method of amputating the penis is always followed by the great inconvenience that the patient cannot urinate in the erect posture without wetting his clothes. Prof. Thiersch has successfully overcome this difficulty by transplanting the remnants of the urethra into the perineum. In the case operated on, the whole organ, from the urethral orifice to the root was the seat of one large ulceration, surrounded by hard, raised and everted margins. The urethra was exposed to the extent of two centimetres; in the inguinal regions existed a number of hard, indolent, enlarged glands. The penis was amputated at its root. From the lower margin of the wound an incision was then carried along the scrotal raphe into the perineum, dividing the scrotal sac into halves. By deepening the incision the urethra was reached and dissected off its surroundings towards the bladder to the length of two centimetres. The urethra was then turned down to the perineum and fastened to it by stitching the mucous lining to the external integument. Catgut sutures were used to close the wound; drainage tubes were put into both angles of the wound; a flexible catheter was kept in the transplanted urethra, and salicylated dressing applied. Three months after the operation he was discharged from the hospital. He could then, by raising the scrotum, discharge the urine at an angle of 45 degrees, in the erect posture, without soiling his clothes or body. A re-examination of the urethra, made a year later, showed the condition of the transplanted urethra, and its satisfactory function still unchanged.—*Detroit Lancet*.

### Investigations on the Local Effects of the so-called Astringents upon the Blood Vessels.

Dr. H. Rosenstein, (*Wuerzburg, Phys. Med. Verhdlg.*, 1876,) examined the effects of solutions of argentum nitricum, plumbi acetat, acidum tannicum, gallicum and pyrogallicum, ferrum sesquichloratum and alumen, by applying them to the mesentery of curarized frogs, and measuring the calibre of the affected vessels with the micrometer. The most powerful contraction was produced by nitrate of silver in a solution of one to ten per cent., the observations being often disturbed by the ensuing partial opacity of the tissues. The contraction in many cases involved one-half of the lumen, both of the arteries and veins, being less marked in the capillaries, and manifesting itself in the course of a few seconds. R. observed a stoppage of the circulation in the affected vessels, which, was permanent in the capillaries, but at times only transitory in the arteries and veins. Tannic acid, contrary to expectations, was found to have the opposite effect, dilating arteries, viens and capillaries, as much as one-half of their calibre, while they became at the same time choked with blood corpuscles. The dilated vessels immediately contracted on the application of nitrate of silver. Gallic and pyrogallic acids were found to have the same effect as tannic acid. Acetate of lead produced a contraction of the arteries and veins, though less markedly than nitrate of silver. Its effect could not be traced to the capillaries. Occasionally, a stoppage of the circulation was observed. The vessels almost invariably contained white coagula, consisting of conglomerated, colorless blood corpuscles, often adhering to the walls of the vessels, and thus giving to their transverse sections a beaded appearance. A ten per cent. solution of liquor ferri sesquichlorati had no perceptible effect. A fifty per cent. solution caused a contraction of the vessels, though in a still lower degree than acetate of lead. This contraction was limited to the arteries and veins, while the capillaries remained dilated. A frequent result was coagulation and discoloration of the blood within the vessels. A discrepancy was observed in the results of the various experiments with alum solution. The vessels were in some cases contracted, in others dilated; while in others again, no appreciable change was noticed. In the capillaries, especially the smaller ones, the circulation often ceased. In order to prevent reflex action, he extirpated the spinal column of the frog, and destroyed the communication between the vessels and the heart, without changing in any

way the local effect of the substances above mentioned. From the results of these experiments the author infers that only nitrate of silver and acetate of lead can be said to exert an astringent action, i. e., to cause contraction of the tissues, this effect being of uncertain occurrence in alum, and the liq. ferri sesquichlor., and entirely absent in the tannic acid group.—*Toledo Med. and Surg. Journal.*

### Employmnt of Anæsthetics in Labor.

M. Piachaud read a paper before the International Medical Congress of Geneva (*Gaz. Medical.—Med. Record*) in which he advanced the following conclusions:

1. The employment of anæsthetics is, as a general rule, advisable in natural labor.
2. The principal substances which have been used for this purpose up to the present time are ether, chloroform, amylene, laudanum, morphia hypodermically, chloral by the mouth and by injection.
3. Of these chloroform seems to be preferable.
4. It should be administered according to the method of Show, that is, in small doses at the beginning of each pain, its administration being suspended during the intervals.
5. It should never be pushed to complete insensibility, but the patient should be held in a state of semi-anæsthesia, so as to produce a diminution of the suffering.
6. The general rule is never to administer chloroform except during the period of expulsion; but in certain cases of nervousness and extreme agitation it is advantageous not to wait for the complete dilatation of the os.
7. Experience has shown that anæsthetics do not arrest the contractions of the uterus or abdominal muscles, but that they weaken the natural resistance of the perineal muscles.
8. The use of anæsthetics has no unpleasant effect on the mind of mother or upon the child.
9. In lessening the suffering, anæsthetics render a great service to those women who dread the pain; they diminish the changes of the nervous crises which are caused during labor by the excess of suffering; they make the recovery more rapid.
10. They are especially useful to calm great agitation and cerebral excitement wh labor often produces in very nervous wom
11. Their employment is indicated in natu cases until the pains are suspended or retarded by the suffering caused by maladies occurring previous to or during labor, and in the cases where irregular and partial contractile occasion internal and sometimes contin pain, without causing progress of the lab

12. In a natural labor chloroform should never be used without the consent of the woman and her family.—*Toledo Med. and Surg. Journal.*

### Viburnum Prunifolium or Black Haw.

BY T. A. KNIGHT, M. D., INDEPENDENCE, MISS.

I wish to communicate for the benefit of readers of the Journal, a few observations on the use of this remedy. As found in this locality, the plant is a tree-like shrub, growing in fence rows and along the water courses, and is distinguished by rare beauty of leaf and flower. It blooms in April, in white clusters, very beautiful to the eye, and the fruit is a blue-black berry very grateful to the taste. My attention was first directed to its use as a therapeutical agent, at a Meeting of our State Medical Society a few years ago, and since that time I have tested it thoroughly in practice, with most gratifying results.

1st. In cases of threatened abortion I have found great relief by the use of an infusion, made by macerating 1 oz. of the bark of the root in a pint of warm water. Dose, one ounce of the infusion every hour and a half.

2nd. As the bark, from its distinctly bitter taste evidently possesses tonic properties, I determined to try its effect in the intermittent fevers so common in this malarial region. I accordingly prepared a strong tincture—4 oz. of Bark to 1 pint diluted alcohol. I gave this in tablespoonful doses, commencing as soon as there was an intermission, and continuing at proper intervals, until about 4 hours before the next paroxysm was expected. I found it to act charmingly in preventing a return of either chilly or febrile symptoms.

3rd. My own experience satisfies me that this remedy should be used as a prophylactic in all malarial districts of country. I have urged its use in this way, in the families of my patients, and have had the satisfaction of witnessing the benefit occurring.

4th. I have also prescribed the powdered bark in 5 or 10 grain doses, immediately after eating, to check dyspeptic symptoms, acidity of the stomach &c., and with the most happy results.

These crude remarks are hastily thrown together, in hope that others may be incited to the matter fuller investigation. Our profession, in undertaking the responsibility of curing the sick, binds itself to promote, (so far as each individual can), accurate knowledge of the therapeutical agents from time to time brought to our notice, in the bountiful storehouse of Nature. And each one, in communicating the practical results of his own

experiments with comparatively unknown remedies, while at times conferring a benefit, is at all times, certainly discharging a duty.

### Hypertrophy of the Prostate Gland Treated by Electricity.

BY DR. H. W. STREETER, WATERTOWN, N. Y.,  
SURGEON TO THE JEFFERSON CO. ALMS HOUSE,  
INSANE ASYLUM AND JAIL.

We know that the continuous current has immense chemico-physiological power of resolution, over all organized structures. We know also that the interrupted current has immense power of infusing tone and restoring muscular contractility.

Hence, theoretically electricity should be efficacious in prostatic enlargement. With these objects in view, I began the treatment of these cases several years ago by electricity. I used both currents alternately, and devised my own electrodes as common sense dictated to be most suitable for different cases. My seances usually lasted 40 minutes every other day: it was generally necessary to continue treatment for three to four months, sometimes shorter or longer time sufficing. The most of my cases were past middle life, and had gone through the usual orthodox mill of therapeutics in vain. The great failure of ordinary treatment even in the best hands, is shown by the statement of so high an authority as Sir Henry Thomson that 35 per cent. of men over 50 years of age, are troubled by enlarged prostate, and every practitioner knows how extremely prevalent is the disease and how unsatisfactory its medication. In 19 patients in whom I made a positive diagnosis of prostatic hypertrophy, both by the general symptoms and by urethro-rectal examination, the electrical treatment was perfectly successful, and has remained so to this date. A year has elapsed since I treated any of these cases, and over two years in five cases. In a great many instances of functional paralysis or atony of the bladder, marked either by incontinence or retention of urine, I have found the effects of the electrical stimulus to almost deserve the title of a specific, and also in so-called impotence and want of erectile power. The knowledge of the similarity between the electrical and nervous fluids and its known effects upon the system, would lead us to expect these results in the latter cases. At the same time that it is having this beneficial local effect, it tones up the whole nervous system. And this is almost as important in these cases, as the treatment directed to the seat of the disease itself. In fact, in most cases it is absolutely necessary as an auxiliary part of the treatment.



## Notes on Current Medical Practice and Opinions.

### The Gases Solidified.

M. M. Pictet, of Geneva, and Cailletet, of Paris, are running a close race of discovery. M. Pictet, in a very recent experiment with hydrogen compressed at 650 atmospheres, found on opening the stop-cock, that the gas issued with a noise like that of a hot iron bar under water, and it had a steel blue color. The jet suddenly became intermittent, and then there followed a sort of hail of the solid particles of hydrogen, which fell with violence on the ground and produced a crackling noise. Afterward the stop-cock was closed, and there was evidence that a crystallization of hydrogen took place within the tube; but when the temperature was again raised, the gas issued as a liquid.

M. Dumas, the president of the French Academy of Sciences, accepts these facts as full confirmation of his theory, long ago advanced, that hydrogen is a gaseous metal. He now adds the statement, that when a person drinks a glass of water, he imbibes a metallic oxide. *Nature*, in mentioning these astonishing performances, couples with them another, which it regards as yet more remarkable from a scientific point of view. M. Pictet has been able to measure with a very close approach to accuracy, the volume occupied by a given weight of oxygen in the liquid state: this was found to agree with the volume calculated for the solid or liquid gas, on theoretic considerations, by M. Dumas. By means of two Nicol prisms, M. Pictet observed the jet of liquid oxygen in Polarized light, and found strong evidence of the presence of solid particles.

### METALOTHERAPY.

From the *Gazette des Hopitaux* of Sept. 29, 1877, we learn that M. Burg has based a system of therapeutics on the now universally admitted fact, that the application to the skin of certain metals, such as gold, zinc, and copper, in the form of bracelets, will cause the return of sensibility in cases of hysterical anesthesia. To ascertain how far this system is tenable M. Charcot has administered internally to five patients at the Salpêtrière, the same metals that were found to be active when applied externally. In three of the cases, it was found that the hysterical patients improved under the treatment, and two were quite cured. A cure might have been effected in all the cases had the patients been willing to take the medicine as prescribed.

### HOW SULPHATE OF QUININE AFFECTS THE FŒTUS AND NEW-BORN CHILD.

M. Burdel maintains in the *Annales de Cygécologie*, that when a pregnant woman, no matter what be the term of the pregnancy, is attacked with intermittent fever, she is liable to abort, seven times out of ten, unless she is treated with quinine.

It is very generally believed that this drug will itself cause abortion, but M. Burdel reports several cases, which demonstrate that enormous doses of it can be taken without injury to the embryo, and without shortening the course of the pregnancy. This is interesting testimony, as a brisk discussion has been carried on of late in this country, relating to the oxytocic properties of quinia. Some maintain that it is and others that it is not oxytocic in its action.

M. Burdel denies that malarial fever can be transmitted to the fœtus in utero, or to the nursing infant through the milk of the nurse. He has never known infants to suffer from fever or other malarial symptoms before the fourth month. He has, on the contrary, frequently observed young infants fed entirely on the mother's milk to remain fresh and rosy, although the mothers themselves were devoured by fever and reduced to a state of profound anæmia.

This immunity, however, does not persist after the process of dentition begins.

M. Burdel has devoted an important portion of his paper to the study of the action on the new-born child, of the milk of a woman who is taking sulphate of quinine. Nothing is more variable and inconstant than the transmission of medicines, and of quinine in particular, by means of lactation.

He has known children to be fatally poisoned, by the milk of women who had been brought under the influence of this drug. He has deduced from his observations a certain number of facts, on which rules for the administration of quinine may be based. Thus he found that the drug was absorbed more rapidly, and was contained in larger quantities in the milk when it was given on an empty stomach; on the contrary, when administered with the food, it appeared in the milk less rapidly and in smaller quantities, and was consequently less toxic. As the infants advance in age they become less susceptible to the influence of the quinine in the milk, and after they attain the age of five or six months, cases poisoning rarely occur. When it becomes necessary to administer quinine soon after delivery, its injurious effects on the child may be prevented by giving it with the meals with some food, and by emptying the mother's



breast artificially, three hours after its administration. When these precautions are observed, M. Burdel claims that the infant may be allowed, without fear, to nurse the mother during the entire time that she is taking the quinine.

#### QUININE POTENTIALIZED.

Prof. Wm. H. Thompson, of New York, in his clinical remarks, made the following observation.

"There is constant failure in the treatment of malarial poisoning by the use of quinine, and nearly always it arises from the manner in which the remedy is administered. The point to be obtained is the quick absorption of the quinine. Suppose, for example, you are called upon to prescribe in a case of malarial poisoning in which there is almost continuous vomiting, as in bilious fever. If there is gastritis present, there will be tenderness upon the pit of the stomach, and in the region of the gall-bladder; there is apt to be some swelling of the epigastrium, and the patient vomits as soon as anything is taken. It is useless to administer quinine by the mouth under such circumstances, because the excessive irritation which it produces upon an inflamed mucous membrane, causes its rejection at once. If injected into the rectum under the same circumstances, it will not succeed any better, because rectal absorption is diminished on account of portal obstruction.

Now if you apply two or three leeches at the epigastrium, the vomiting will be arrested almost certainly, and you will be able to get the quinia absorbed. Do not use either mustard or blisters here, to arrest the vomiting, for they are vascular stimulants. Topical blood-letting, on the other hand, is a prompt vascular sedative."

#### RECTAL ALIMENTATION AND MEDICATION.

Dr. Austin Flint's paper read before the New York Academy of Medicine within a few weeks past, on feeding by the rectum, has excited the attention of the profession to the importance of resorting to that means of sustaining life, when the proper nutrition of the body through the stomach is denied.

The new therapeutical society, composed of select few of the most expert experimenters in practical medicine, has the subject of alimentation in disease by enemata of defibrinated blood, under consideration at the present time. A vast deal of strictly private experimentation in the same department of observation is in progress. Dr. S. G. Armor of Brooklyn, N. Y., in a letter addressed to the Medical Record says: "To the excellent discussion of the subject, I desire to make one critical suggestion, and that is, that what-

ever substance may be selected, *inject it into the rectum slowly*. The rectum appears to be something like a bladder and other hollow viscera; it does not tolerate *sudden distention*.

I have always made it a point to give specific directions on this head;—*use tepid fluid and inject slowly*. With caution on this point it is astonishing how the rectum may be made to tolerate nutritive substances in liquid form. I have often used beef-juice similar to that suggested by Dr. Peaslee, but more frequently milk mingled with beef-blood, expressed out of raw meat, and strained to remove solid particles and fatty matter. When using stimulants by the rectum, I usually add cream to the milk. Alcoholics in small quantities are readily tolerated in such a vehicle, and even muriated tincture of iron may be administered in liberal doses for a length of time, if the bowel is soothed and shielded by cream. I have seen marked effects from the use of iron in this way alone. I am inclined to think that rectal medication, as well as rectal alimentation, has not received the attention from the profession which it deserves. In a large class of chronic diseases, especially chronic diseases associated with general anæmia, in which the stomach for some reason, does not tolerate iron, (and there are many such cases) it may be used with manifest advantage and for a long time, in the mode I have suggested."

#### HEMORRHOIDS TREATED BY INJECTIONS OF CARBOLIC ACID.

Prof. J. H. Pooley gives a report of the cases of piles treated by the subcutaneous injection of carbolic acid. Five or six drops of the pure acid were used and care was taken to carry it well into the substance of the tumor. The immediate effect was a severe but momentary pain followed by a remarkable shrinking and hardening of the tumor. From this out there was absolutely no pain, the piles quickly sloughed, and the patients made rapid recoveries, all vestiges of the disease being removed in a week or ten days.

Prof. Pooley prefers the pure to the diluted acid, because it produces a more thorough coagulation of the blood and consolidation of the tissues, thus lessening the danger from detached pieces of coagulum, which was pointed out when this method was first introduced. Dr. Pooley has heard of a case in which the injection produced a severe spreading inflammation, and he ascribes it to one of two causes: "First, the too dilute and, therefore, irritating rather than coagulating and destructive character of the injection; and, second, the oblique insertion of the needle, thus conveying it into the areolar tissue outside of the pile, rather than into the tumor itself.

Therefore, in addition to making use of the strong acid, I was very careful to insert the needle-point vertically to the surface, and to carry it well into the substance of the hemorrhoids. "This treatment is recommended for partly internal and partly external piles, and for protruded and inflamed internal piles. We are indebted for the above suggestions, to statements furnished to the *Toledo Medical and Surgical Journal* of November 1877.

#### MEDICATED COTTON-WOOL IN THE TREATMENT OF EAR DISEASES.

Owing to a more extended application of the medicated Cotton-wool, as prepared by Dr. Samuel Sexton of New York, than has been contemplated by that gentleman (who gives his attention especially to diseases of the ear) we give our readers the benefit of his very useful and practical suggestions.

It will be easy for the acute practitioner to see wherein the points given in reference to the ear may be made applicable to other parts of a like character. "In treating chronic purulent inflammation of the middle ear, it is often desired by the Surgeon to apply external medicaments which do not increase the humidity of the parts, as moisture is well known to be a promoter of cell-proliferation and its consequences, namely, suppuration and polypoid growth. This also applies to like conditions of the meatus auditorius externus, which may exist as primary affections, or, as is mostly the case, as a sequence to the middle ear disease. For this purpose powders have long been recommended by Aurists, but they are objectionable for many reasons, chiefly on account of the difficulty attending their application and removal, and, furthermore, when saturated with secretions they become heated and are likely to act as a poultice in the meatus if not frequently renewed.

Such objections do not apply to the use of water absorbing cotton-wools, and they have therefore, been gradually growing in favor. After more than a years experience, I have adopted the following method of using wool in the cases under consideration. The cotton-wool selected for use is prepared by such washings as are necessary to free it of oils, etc. When dried, it absorbs water like a sponge, and is known as water-absorbing cotton wool.

After syringing the ear, the meatus and parts beyond are dried by passing a suitable brush formed by winding some of the wool tightly on the end of a vulcanite carrier made for this purpose.

The meatus being dried is now ready to receive the medicated cotton-wool—(the wool is medicated by saturating it with the proper

solution of the medicine to be used. The wool when dried is ready for use.) This is prepared for introduction into the meatus, by being rolled rather loosely upon the end of the carrier, the diameter of the roll being usually a little smaller than that of the meatus, and about two or three centimetres long for adults. It is then gently inserted into the meatus down to the diseased parts, when the carrier is withdrawn with a twisting motion leaving the wool in the meatus.

It is now frequently advisable to urge the wool farther down, which may be done either with the blunt end of the carrier, or by seizing it with Gruber's rectangular dressing forceps. The wool can be left in the meatus as long as desired, as its presence is usually well borne by the patient: but if we use a strong medication it is best to leave it but a short time. Mild astringents, however, can remain for ten or twelve hours if the discharge is not great. Where there is much discharge the wool should be removed as fast as it becomes saturated, and this can be done by the patient or the nurse, as readily as the thorough instillation of medicines in solution.

The medicated wool can be advantageously used in some acute cases, where the secretion is free. I have found the following formulæ convenient: Borax 20 per cent; Sulph. zinci 2 per cent. Sulph. zinc 5 per cent. tannin 5 per cent. Salicylic acid 5 per cent; Alum, 5 per cent., ferri sub sul. 3 per cent.

The salicylic acid preparation has been found beneficial in purulent cases where there was an offensive odor.

In cases where polypoid granulations are a feature, I use the ferri subsul., Iodine, Carbolic acid, and other remedies which are difficult to keep ready prepared, may be used by dipping plain wool into solutions of them at the time of using."

#### Treatment of Mastitis.

Keep the breast emptied as thoroughly as possible, administer laxatives and support, without compressing, the breast by means of bandages. But the main point of treatment is the application of cold, which in light cases consists merely in iced compresses, but in severer cases in the unremitting application of a bladder filled with ice. The pain which compressing increases soon yields to this treatment, the tension decreases, suppuration prevented, and in a few days even mastitis may be out short in this manner. During two years of this treatment, not one case of mastitis terminated in suppuration, while, with compression it frequently occurred.—*Michigan Medical News*.

## MONTHLY SUMMARY.

### Treatment of Tetanus.

Dr. Jackson, late Presidency Surgeon at Calcutta, is cited in an article in the *Lancet*, upon the treatment of lockjaw (tetanic spasm), as having in a pamphlet, published as early as 1856, rejected the usual treatment of ice to the spine, with opium and camphor, as productive of no beneficial results in the majority of instances. "I have," says the Calcutta practitioner, "found cannabis indica and aloea decidedly more valuable, and have sometimes used anæsthetics with great benefit; but it was not until I had commenced to use the latter in combination with the former, supporting the patient with a good diet, quinine, and wine, and insisting upon perfect rest, that I met with anything like uniform success." Dr. A. P. Boone, of St. Kitts, W. I., records five cases, three of them traumatic and two idiopathic, which terminated in recovery, under a combined anæsthetic and cannabis indica treatment, care being taken as to the exclusion of light, drafts of air and all distracting noises, and stimulants being freely administered. As the fatal termination is contingent upon apnoea, Dr. Boone recommends that artificial respiration should be commenced at once upon the apparent supervention of death, and persevered in until resuscitation is evidently hopeless. Dr. Watson Paul reports in the same issue a case treated successfully with combined anæsthetics and atropia.—*Medical Record*.

### Kidney—Its Structure in Scarlatina.

Dr. Klein (*Medical Times and Gazette*, Vol. I, 487, 1877), in a paper gives the results of a microscopical examination of the kidney, liver, spleen and lymphatic glands, from cases of scarlatina. In the kidneys he observed the following changes: During the first week there was an increase of the nuclei of the malpighian bodies, hyaline degeneration of the inner coat of the minute arteries, and of certain portions of the malpighian bodies, multiplication of the nuclei of the muscular coat of the small arteries, and finally the swelling, nuclear increase, and granular condition of the epithelial lining of the tubules. After the first week there is a cellular infiltration of the tubules, and the results of a parenchymatous nephritis. The hyaline change is the same as that described by Gull and Watson. Alterations in other organs mentioned above resembled those of the kidney.—*Lancet*.

### A New Counter-Irritant.

It is related by Dr. Coutivier, in *L'Union Médicale*, that the extract of pimento is a most admirable revulsive in a large number of cases, and may usefully take the place of mustard and flies. It is proposed by M. Lardy. The writer says it acts with great rapidity, ten to thirty minutes, according to the point of application and the delicacy of the skin. Its action is manifested at first by a sensation of heat, a slight smarting and redness. These go on increasing for about three hours, then they remain stationary, and the revulsive action is so continued as long as may be desired. Nevertheless, after twenty or twenty-four hours in the adult, eight to ten in children, it is better to remove the plaster, and put another alongside of it, if it be desirable to continue the revulsion. The heat and tingling produced are painless and free from itching. . . . The extract of pimento has a beautiful red color, identical with that of the dried fruit. Suitably incorporated in a plastic mass, and spread upon squares of paper, its application is very easy. It is unnecessary to warm it, for it adheres sufficiently to the skin; but it is well, on parts subject to movement, to fix it with a bandage just as a blister. Moreover, its action may be augmented or moderated according to the pressure. On removal, the heat and tingling may be immediately arrested by the application of a little starch.—*Drug Circ. and Chem. Gaz.*

### Contra-Indication of Iron.

There are two different states found in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the several vascular turgescence of the menstrual period comes, it will not find the blood vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood waste will be economized. According to the experience of Dr. Brown Séquard and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.—*Dublin Medical Press*.

### Hereditary Heart Disease.

It is not often that an hereditary influence in the occurrence of heart disease can be distinctly traced to any wide extent, although it is often suspected. A remarkable example of such a transmission is recorded by Dr. Rezek, of Teplitz, in the *Wiener Med. Zeitung*. Of the pair from whom the family in question is descended there is reason to believe that the mother suffered from heart disease. They left two sons and five daughters. Of the sons, one is still alive, and suffers from heart disease; the other is dead, and suffered before death from dropsy. His son, moreover, suffers from some cardiac affection. The other son, still alive, has suffered for some years from heart disease, but his children are healthy. Of the three daughters, one died from heart disease, and of her five children, all are healthy, but one has married and has had three children, two of whom are cyanotic. The second daughter of the original pair is still alive, and has suffered for many years from cardiac disturbances similar to those of her brother. Of her children, one daughter has died of heart disease, and another has married and has borne a child with well-marked congenital heart disease and cyanosis. The third daughter of the original pair has not suffered from heart disease. Care has apparently been taken in each instance to substantiate the diagnosis.—*St. Louis E. M. J.*

### The Odors of Persons.

A curious contribution to neurology is contained in an article by Dr. Wm. A. Hammond, reprinted from the *Transactions of the American Neurological Association*. It is descriptive of the peculiar odors given off by the human body in certain conditions and affections of the nervous system. Thus he tells of a young married lady, of hysterical tendencies, who, during her paroxysms, exhaled an odor of violets, which must have in some measure reconciled her husband to these unpleasant domestic occurrences. Another lady, the doctor reports on strong testimony, "during the venereal excitement, gives off a very decided rosaceous odor." But the peculiarity is not always thus charming. A young lady, a school teacher, subject to sick headaches, evolves at these periods, *horribile dictu*, "an odor similar to Limburger cheese!" Then there is "the odor of sanctity," which Dr. Hammond also touches upon, and which he does not identify necessarily with the agreeable ones. His study is of the most curious.—*Ibid.*

### Diabetes Insipidus Cured by Ergot.

The next patient, Joseph H., aged 21, was shown to you once before during the height of his malady. He had a family history of phthisis, his mother having died with pulmonary consumption, and his father of some acute disease following a cold. He had never received any injury to the head, and had never been sunstruck. Was uniformly healthy until May last. At that time he simply noticed that he was passing a good deal of urine. Since then, up to the time of his admission, he had fallen off rapidly in weight. He had also complained of irritability of the neck of the bladder, but nothing had been found to account for the irritation. On admission we found he was passing from eight to ten pints of urine daily, although at the same time he only drank five to six pints of fluids (including milk, tea, and soup). The urine was acid, of low specific gravity 1.500, contained no particle of sugar, and was entirely free from albumen. We therefore recognised it as a case of diabetes insipidus, or polyuria, as it is sometimes designated. This disease is extremely difficult to eradicate.

We began our treatment December 1st. and directed him to take the fluid extract of ergot in one drachm doses three times daily; subsequently increased to four doses; and for five days he took six drachms in the twenty-four hours. The effect was most marked. The amount of urine rapidly and steadily fell to five pints, and then to three pints; but before he had got down to the normal quantity we reduced the ergot, and afterwards stopped it altogether and placed him on a little peppermint water, not so much, however, for its stomachic as for its mental effect. He has now had no ergot for two weeks, and I can give you the gratifying information that the effect has been permanent. Since his recovery he has undergone an operation for phimosis, and now the irritability at the neck of the bladder has entirely disappeared, and he leaves the hospital perfectly well. We shall direct this patient to take half an ounce of cod liver oil two or three times daily as a general nutrient.—*Canada Jour. of Med. Science*

### Tinctures.

Beware of tinctures made from fluid extracts, unless the druggist uses those from a reliable manufacturer. Most of the tinctures now dispensed are about the strength of colored water. I lately called attention to this in the *Journal of Materia Medica*.—*The St. Louis Eclectic Medical Journal*.

# Cold Lotions in Tuberculosis.

The use of cold water in the treatment of Phthisis is much preferable according to the author, under the form of lotions than under that of douches, such as are employed by Brehmer and Sokolowski. Here is how Pogacnik directs them to be used: on getting up in the morning the patient himself sponges the entire body with a sponge dipped in water at 10° to 20° Beaumur (54½°—77° Fahr.); he ought afterwards to rub himself energetically for five minutes with a large glove and to wrap himself up to dry in a linen sheet. He should afterwards get into bed for half an hour or an hour, and keep himself well covered until a little perspiration occurs; during this time it is necessary that the movements of the lungs should be reduced to a minimum.

The author has been led to employ this treatment in tuberculosis by reason of the good effects he had obtained from it in engorgements of serofulous nature. By means of the cold water a regular action of the skin is provoked, and the patient is ultimately strengthened and rendered less susceptible to atmospheric variations.

Little by little the appetite increases and the forces are restored, unless the lesions are too advanced.

Hæmoptysis is not a contra-indication and Pogacnik prescribes the lotions even when the douches cannot be borne.

The lotions have the advantage over the douches of being more agreeable for the patients; of having a more prolonged and consequently more useful effect; of being very easy of administration, even among the poor, no apparatus being necessary; lastly, and above all, of not necessitating, like the douche, a walking exercise to procure reaction, an exercise which produces fatigue of the pulmonary apparatus.—*Rev. des Science Medicales.*

# Albuminuria.

Elder bark steeped in hard cider, given in ounce doses three or four times a day sometimes effects a cure in albuminuria and dropsy. It, however, only of value in cases not complicated with cirrhosis of the liver or structural lesions of the valves of the heart, its use, so far as I have tested being only to correct that morbid condition which results in the elimination of albumen by the kidneys. It is only valuable when given in the hard cider, which seems to extract only certain principles of the bark.—*The St. Louis Eclectic Medical Journal.*

# Scarlatina in Montana.

One of our subscribers in Montana writes us, under date of March 10th: We are suffering terribly from scarlet fever; in some cases families lost nearly all their little ones; the strongest suffer the most; tetanic spasms carry them off before medical aid arrives; others sink without convulsions, from heart paralysis. Those that go through it but little harmed at first, suffer in due time from various nephritic complications. Very young children frequently sicken, but have the disease in a light form. Many other diseases, of which we formerly knew nothing in this very healthy spot in the mountains, have made their appearance, so that it is now a rare thing to find a healthy person.—*The Medical and Surgical Reporter.*

# The External Use of Tincture of Belladonna in Night-Sweating.

Mr. NAIRNE writes, in the *British Medical Journal* of February 2, that for some little time past he has employed the common pharmacopœial tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as his experience goes, he has found it much better than anything else; if applied before a sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky are quite sufficient (applied with the hand), to cover the whole body and produce the desired effect.—*Buffalo Med. & Surg. Jour.*

# Carron Oil in Anal Fissure.

This painful affection, which has heretofore resisted almost all forms of treatment by local applications, has been successfully managed by Carrere, who states in *Annales de la Med. de Grand* that he applies the mixture of lime and water and linseed oil, so commonly used in burns. This is done several times daily and in all cases he has obtained a cure in at farthest, eight days.—*Allg. Med. Cent.-Zeit.*

# For Flatulent Dyspepsia.

For this form of dyspepsia, which is due to a torpid or semi-paralyzed condition of the muscular coat of the bowels, and usually attended with constipation, the following is an excellent formula:

℞ Tinc. nucis vomicæ - gtt. v.  
Comp. tinc. gentianæ - dr. j.  
Tinc. capsici - - - gtt. x.

To be taken before meals.



### Action of Opium and Belladonna on the Secreting Organs.

Opium tends to check activity of most secreting organs except the sudoriparous glands of the skin, as shown by its effects in diarrhoea, diabetes, etc. Opium produces free perspiration, while belladonna is very useful for the opposite effect of arresting profuse perspiration. Belladonna, too, checks the activity of the mammary glands, and arrests the flow of milk. It also acts on the salivary glands, and retards their activity.—*The St. Louis Eclectic Medical Journal*.

### Milk Diet in Bright's Disease.

The Clinic, Nov. 24, quotes from the British Medical Journal, Oct. 24, the following: Dr. Johnson, of King's College Hospital, London, treats most of his cases of Bright's disease, by a strictly milk diet; under this plan of treatment, a large number of cases have recovered. In a recent case of acute albuminuria in a young subject, recovery quickly followed the use of a simple milk diet; no solid food being given. Albuminuria, however, returned as soon as he was allowed beef-tea, but disappeared when he was again restricted to milk only; it again returned when fish was allowed, and now, under the use of an exclusive milk diet, the urine is once more free from albumen.—*Ibid*.

### Bismuth in the Treatment of Prolapsus of the Rectum and Hemorrhoids.

A case is recorded in *La France Medicale*, No. 86, p. 682, where a considerable protrusion of the rectum was perfectly cured by means of Bismuth powder used locally. The physician introduced every day into the bowel, after replacing it, a small spoonful of Bismuth (subnitrate?) in a small amount of starch-water. Cure followed in a week. Good results followed similar treatment in cases of prolapse in children, and in hemorrhoids.—*Ibid*.

### A good Formula for the Summer Diarrhoeas of Children.

B	Sugar of milk	- - -	℥ss.
	Pepsin	- - -	grs. xL.
	Lactic acid	- - -	gutt. xxx.
	Hydrochloric acid	- - -	" xxx.
	Tinc. Xanthoxylum	- - -	3j.
	Water	- - -	℥j ss.

M. S. 20 drops every half hour for a child one year old.—*Ibid*.

### To Get Rid of Foreign Bodies in the Throat.

A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief, is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.—*Ibid*.

### Origin of Hospitals.

An English writer says that there is little, if any, trustworthy evidence of hospitals among the Jews or the Romans until the fourth century of the Christian era, when Fabiola, a wealthy Roman lady, built a large hospital outside the city of Rome, and St. Basil established an asylum for the sick in the city of Cæsarea. There can be no doubt that the sick were better cared for after than before the Christian era, but Christians have clearly no right to be considered as the originators of hospitals.—*Ibid*.

### The Easiest Way to Drown.

If death by drowning be inevitable, as in a shipwreck, the easiest way to die would be to suck water into the lungs by a powerful inspiration, as soon as one went below the surface. A person who had the courage to do this would probably become almost immediately unconscious, and never rise to the surface. As soon as the fluid filled his lungs, all feeling of chilliness and pain would cease, the indescribable semi-delirium that accompanies anæsthesia would come on, with ringing in the ear and delightful visions of color and light, while he would seem to himself to be gently sinking to rest on the softest of beds and with the most delightful of dreams.—*Dr. R. S. Tracy in Popular Monthly for May*.

### Treatment of Delirium Tremens.

C. S. Wills states, in the *British Medical Journal*, February 2d, that he has used capsicum for more than twelve years in the treatment of *delirium tremens* with unvarying success; it has never failed, no matter how long the patient may have been. In extreme cases thirty grains in bolus may be given every hour, but milder cases simply require smaller doses.—*Buffalo Med. and Surg. Jour.*

Mrs. Ann Hopkins, of Cedar Creek, 't. is 117 years old. She has three sons living, her "baby" being 90 years of age.

### To Lessen the Quantity of Quinine in a Dose.

In a lecture published in the *Medical Record*, Prof. Thompson says:

Capsicum combined with quinine will diminish the size of the dose requisite, and the same may be said of ginger and other aromatics. A good dose of capsicum combined with twenty grains of quinine will act as well as thirty grains of quinine without the capsicum. Spices in general stimulate the portal circulation and promote the flow of bile, and hence their universal use in hot climates. There is a tendency on the part of quinine and capsicum to purge, and sometimes to purge violently. In such cases the purgative action is caused by the increased flow of bile produced by the capsicum. Ginger and quinine, when combined, do not purge, and it makes a very good combination. If the medicine is administered in the form of pills, capsicum may be preferable, because of the less bulk required; but, if desirable, the ginger may be given separately, and with the same effect as when combined with the quinine. The proportions should be one grain of capsicum to three of quinine; with ginger, one grain of each.

[It may be asked as a conundrum why, to procure equal effects, quinine is now required in doses so much larger than those given for some years after its discovery. A few grains then did as much work as half a drachm will at present.]—*Ibid.*

### Unlimited Production of Oxygen.

The veteran chemist, M. Boussingault, has just referred again to his former researches on bioxide of barium as a source of oxygen. Caustic baryta absorbs oxygen when heated in the air to dull redness, forming bioxide of barium. This compound gives off oxygen at a higher temperature, passing back to the state of protoxide (caustic baryta). It was imagined that this alternate play of chemical forces could be continued *ad infinitum*, and so prove an inexhaustible source of pure oxygen; but M. Boussingault has found that such is not the case. After being treated several successive times, the caustic baryta (protoxide) produced has lost its power of absorbing oxygen when heated again in the air. By sing steam over the bioxide, it loses its oxygen at a lower temperature, but the hydrogen produced does not absorb oxygen. However, M. Boussingault was not the man to be arrested by difficulties of this sort; as there had existed a chemical appliance that had not been tried, he remained unsatisfied. At last he found that in a vacuum the oxide of barium loses the half of its oxygen at a very much lower temperature than

when heated in the air under the ordinary atmospheric pressure. If a vacuum is produced over the bioxide heated to dull redness, it loses all its superfluous oxygen; then, letting in the air, it absorbs this oxygen again, and no one can tell at present how often this may be repeated, so that at last the problem may fairly be said to have been solved.—*The Drug. Cir. and Chem. Gaz.*

### Diabetes Mellitus—Modes of its Development.

Senator (*Ziemssen's Cyclopædia*. Vol. XVI, page 965), formulates the most probable mode as follows: (1) An abnormally heightened saccharinity of the chyle or of the blood in the portal vein, or of the two together, in consequence of an impeded conversion of the sugar present in the intestine into the lactic acid, or in consequence of accelerated absorption of the sugar. (2) An unnatural acceleration of the portal circulation, whereby on the one hand more sugar reaches the liver, a part of which, without being changed into glycogen, passes on into the circulation; and on the other hand, the glycogen formed from sugar or other materials passes into sugar more rapidly, and in greater quantity, and is washed away.—*Detroit Lancet.*

### To Blister the Skin Extemporaneously.

Into a watch-glass, pill-box, or any similar small receptacle pour ten drops of concentrated water of ammonia (aqua ammonia fortior); cover the liquid with a bit of linen or a little cotton wool, and at once apply the cup to the skin where the blister is required. Press so that the vapor is confined to the inside of the vessel. A red circle will directly be observed outside, when it will be certain vesication has taken place. Half a minute or so is all the time required to obtain the result. The blister may be dressed in the usual manner of dealing with a blister from cantharides. Acetic acid, concentrated, applied to the skin will also in a few minutes produce vesication. In each case evaporation should be prevented by some suitable covering. Bibulous paper slightly wetted with a little of the ethereal extract of cantharides, instantly applied to the skin, and covered with a piece of adhesive plaster, will answer for the same purpose.—*Ibid.*

### Chloral dangerous in Delirium Tremens.

In Nephys's *Medical Therapeutics* it is said: "It has been shown beyond reasonable doubt by Dr. Madison March, of Louisiana, and later by Dr. Ernest Magnan, of Paris, that drunkards do not bear chloral at all well. Its use by them, even in moderate doses, is liable to be followed by sudden death,"—*Ibid.*

**A Solution of Phosphorus for Medicinal Use**

Mr. Urwick, in a paper read before the British Pharmaceutical Conference, gives the following interesting results reached in the effort to secure a preparation of phosphorus definite in strength and not liable to change. He finds a solution of phosphorus prepared as follows to meet these requirements perfectly: Two grains of phosphorus are dissolved in a mixture of absolute alcohol (one and one-half ounces) and glycerine (quantity not stated), with the addition of cane sugar (one-half ounce) and milk sugar (one-quarter ounce), to prevent the phosphorus from becoming oxidized during solution. When the solution is cold, the white of one egg, previously mixed with glycerine, is added, making up the measure of the whole (with glycerine) to ten ounces. Such a solution is quite permanent, showing no tendency to become acid or to deposit amorphous phosphorus, even after two years' trial. On adding a little oil of neroli to the solution, it lost at once its garlic-like taste and smell, as well as its characteristic luminosity, although the phosphorus seemed still to remain unchanged. Tincture of orange, tincture of gentian, and oil of cloves produced a similar effect. Essence of lemon destroyed the phosphorescence, but not the taste and smell of the solution, and the same was true of milk.—*The Detroit Lancet*.

**Treatment for Dyspepsia.**

*Taken from Naphey.*

R. Acid. nitro-mur. dil. .... 3 ij.  
 Acid. hydrocy. dil. .... min. xxv.  
 Tinct. arnicæ. .... 3 j.  
 Tinct. gentian. comp. .... 3 j.  
 Infus. sennæ, q. s. ad. .... 3 ij.

M. Sig. A tablespoonful two or three times daily in dyspepsia with sluggish action of the liver.

The efficacy of this prescription may often be increased by giving with each dose the following pill:

R. Zinci sulph. .... gr. i-ij.  
 Ext. gentianæ. .... gr. iv.  
 M. ft. pil. No. j.

*T. Hawkes Tanner, M. D.*

One of the best preparations in dyspepsia with flatulence is the following, recommended by Prof. Robinson:

R. Sulph. sodæ. .... 3 j.  
 Tinct. nucis vom. .... 3 v.  
 Aquæ. .... 3 iv.

M. Sig. A teaspoonful thrice daily, after meals.—*Toledo Med. and Surg. Journal*.

**EDITORIAL.****Intra-Ocular Disease: An Interesting Case in Diagnosis.**

BY C. A. ROBERTSON, A. M., M. D.

Of Albany, N. Y., Ophthalmic and Aural Surgeon of the Eye and Ear Relief, at the Albany Hospital, and at Troy, N. Y.  
 [Read before the Medical Society of the County of Albany.]

On the 16th day of September last, Miss —, aged twenty-one, came to my office with her brother, who gave me a brief statement of her case, that was more fully detailed by the patient herself at subsequent interviews.

The history I received was, that in the latter part of April last, she left her residence, where she was engaged in teaching, to pass a Saturday and Sunday with friends residing some ten miles distant on the line of a connecting railroad.

On Saturday morning she observed that everything wavered and glimmered, and she saw different colors play before her eyes. She took up a book, and found it impossible to read on account of the wavering light. There was no pain, but "a queer feeling," a sensation of unusual character. Does not think that one eye was any differently affected, at the time, from the other; only remembers that both eyes were used simultaneously, and that she was unable to read. She was not aware of any unusual circumstance, which she could mention, as an exciting cause of the visual disturbance, and her health was as good as ever at the time.

On Monday morning she returned to her school, as she had contemplated. The wavering still troubled her eyes, and she made no attempt to use a book, being able from her familiarity with the lessons to get on without it, but directed the children to make their figures larger on the blackboard, and thus managed her teaching. In the evening she tried again to read a novel, in which she had become interested, but gave up the unavailing effort.

From this time to the end of the school term, June 22d, the glimmering continued, though less on the whole; but it varied, sometimes better, sometimes worse. She made the least possible use of the eyes during this period, and if any tempt to employ them was persisted in, it "would inflame and look red next mornin". When the school closed she went home (about twenty miles away), to spend a vacation, expecting benefit to the eyes in complete rest. The expected benefit she did find to some extent. Happening, however, on a book that she wanted to read, she made trial of her eyes, but for



the bright light hurt them. The weather at this time being excessively warm she went down into the cool cellar of the house, a farm house, and by the mild light that came through the doorway was able to read nicely, to use her expression.

Notwithstanding the persistence of her ailment, she felt confident her eyes would grow better, and she continued to read and sew a little every day.

She was aroused, however, to a sense of danger, while making a visit in the family of a physician in the neighborhood, during the last of July and the first of August. At this time she became so much annoyed by photophobia, that she procured a pair of green glasses to protect her eyes against irritation from the light. In the dusk and evenings, she said, she saw very well. She received admonitions from her medical friend here, that led her friends at home to send her to New York City to consult an oculist. At this time the blur in the left eye had become somewhat worse than in the right.

The third week of August she went to the New York Eye Infirmary on Thirteenth Street. A physician there called the trouble in the left eye "choroiditis," as she stated, and prescribed some medicine, but told her nothing could be done for the right eye. She was also advised to instil solution of atropia into the eyes, and was directed to stop the prescribed medicine if she perceived a metallic taste remaining in the mouth. Did not know what the medicine was. Two weeks later she visited New York again, and this time went, as advised, to the Manhattan Hospital. She was cursorily examined, directed to continue the drops prescribed at the Infirmary, and to return in a week. On her return, she saw several gentlemen at the hospital who examined her eyes carefully, and tested her vision, and gave her a card. This stated: "V.R.—20-70 x; Hm. 1-24; V.L.—20-100;  $\phi \times 1.50$ —20-70.

She was directed to continue drops in left eye only, and was told that the final event of her ailment would be blindness, as the disease called "retinitis pigmentosa," with which she was afflicted, was incurable. She was directed, however, to come and have hypodermic injections of ychnia into the arm daily, as offering a chance benefit. Advised to use the eyes.

On proceeding to examine this patient, I was told by her that at no time had she had pain in her eyes, except that light hurt her; but that she sometimes from habit rubbed her eyes, as "the eyes seemed to itch."

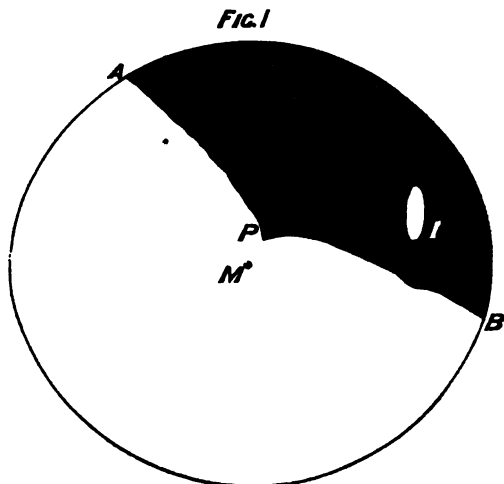
Three years ago her eyes were "weak," and she wore a shade and avoided light. The eyes were sometimes "inflamed, but got all right by using salt water."

Always, as long as she could remember, "a black spot would come and go before the right eye," when she was tired. When eight or nine years old had measles lightly, after which her friends were troubled about her eyes, but she got all over the disturbance. Never called eyes feeble, and has "used them a very, very great deal."

Patient states her general health to be good, though subject to attacks of slight indigestion. Has always had "terrible headaches," but thought lightly of these, as a family ailment, since her mother and sisters were all subject to the same.

There was no consanguinity in patient's parentage, and no indication of syphilitic diathesis existed. She is well nourished and of cheerful disposition. On inspection, I found the pupil of the left eye dilated, but adherent at the inferior margin to the capsule of the lens. In the region of this synechia and below it, the cornea presented a punctate appearance with slight haziness. The pupil of the right eye, free from the action of a mydriatic, responded readily to the influence of light. A passing trial of convex lenses revealed a manifest hypermetropia, and the latent degree of this refractive anomaly was subsequently determined by paralyzing the accommodation with a strong solution of atropia.

Before ascertaining the value of her central sight, exploration of the field of vision was made. Having her fix the left eye on a white spot marked on a blackboard about twelve inches in front of the eye, the other being closed, the periphery was found to be normal for this eye, notwithstanding the synechia noted above. The other eye, tested in a similar way, showed the field to be singularly interrupted. The accompanying diagram, Fig. 1, is an ellipse represent-



ing the visual field with its obscuration. M is

the point of fixation. The field was obscured in all the shaded space above the irregular line A PB. At the point P this line of demarcation dips down into threatening proximity to the centre of direct vision M. In the obscured space a small clear elliptical figure I is described, with its transverse diameter at right angles to that of the visual field. This figure represents an island of light in a sea of darkness, for the white crayon used to test the vision, always became perceptible within its area, but was lost beyond its confines. It will be noted that the obliteration of vision, as represented by the diagram, is about one-fourth of the extent of the entire field. It is an interesting fact that the patient had remarked as a peculiarity of her vision with the right eye, that the full moon presented a singular appearance, as if a segment were cut off from the upper right quadrant of its disc, and a drawing with pencil, that she had made to represent it, was not unlike the diagram of her field of vision.

Upon examining the dioptric media with a magnifying lens behind the mirror of the ophthalmoscope, black flocculent shreds and numerous granules, coarse and fine, were seen in the vitreous, falling down when the patient raised and dropped the eye as directed. This condition existed in both eyes, but the shreds were more marked in the right than in the left eye. Upon examining the fundus of the eyes, the appearances of the optic nerve discs were nearly normal. The outlines were slightly indistinct. Nothing else peculiar was noted in the left eye; but in the right, attention was immediately arrested by two groups of spots of black pigmentation, of which one was of greater extent and more crowded than the other, and both tending to coalesce near the equator. These spots of irregular shape, slightly elongated, and not unlike bony corpuscles, followed the ramification of the retinal vessels.

The only locality in which they were to be found was in the inferior sinistral region of the fundus. They were carefully studied with the ophthalmoscope, both in the upright and inverted image. Mingled with this pigmentation were some whitish granular appearances. In the locality of these groups the vascular branches were small and shrunken. Having secured all the foregoing data, the question now was, what diagnosis should I make—what treatment, if any, should I pursue—what prognosis should I present? It was very clear to my mind that the essential ailment was identical in the two eyes.

Having weighed with proper respect the opinions pronounced in New York, as presented by

the patient, I could not but think that either she had, in part at least, misunderstood what was there said, or that full consideration had not been given to all the elements in the case, and that a precipitate judgment had been rendered. It certainly could not be a case of *retinitis pigmentosa*, unless a change be made in the definition of that affection, notwithstanding the fact that there was pigmentation of the retina, most indubitably and, in some respects, seemingly characteristic, too.

Retinitis pigmentosa is a name applied to a morbid affection of the eye, which has three characteristic features. The first in order, and earliest noticed, is the enfeeblement of sight when daylight is gone, the nocturnal blindness, or *hemeralopia*. The next is the concentric diminution of the field of vision. Steadily and painlessly, but with cruel deliberateness and regularity, the encroaching influence of the unsparing disease gradually, year after year, paralyzes the visual susceptibility of the delicate retina of both eyes, from the periphery centripetally, circle after circle, until finally the doomed victim, possessing still clear central vision, with which he may read fine print, is as unable from loss of *indirect* sight to guide himself about, as he would be, were he compelled to look through spy-glasses fastened before his eyes. At last the macula lutea is reached, and the catastrophe is announced by the utter extinction of sight in the blackness of a night, which no morning will ever dispel.

The third, but least important, and not invariably constant feature, from which the affection has been unfortunately named, is the pigmentation of the retina. When this condition of the fundus is met with, as it usually is, it, and its early site, (always in the equatorial regions of the eye-ball) are very characteristic. I say that the name is to be regretted, for the diagnosis, and hopeless prognosis, can be conclusively determined from the information afforded by the hemeralopia and the concentric narrowing of the field of vision, without any inspection of the pigment spots on the retina, while observation of pigment spots might easily lead to an erroneous diagnosis and prognosis, as well as to a mischievous or, at best, to a nugatory treatment of so unrecognized ailment that demanded positive management.

It seemed clear, then, that I must dismiss consideration of *retinitis pigmentosa* from this case. It appeared to me that the left eye offered the key, if any were needed, to the whole difficulty. Here were patent to cursory observation

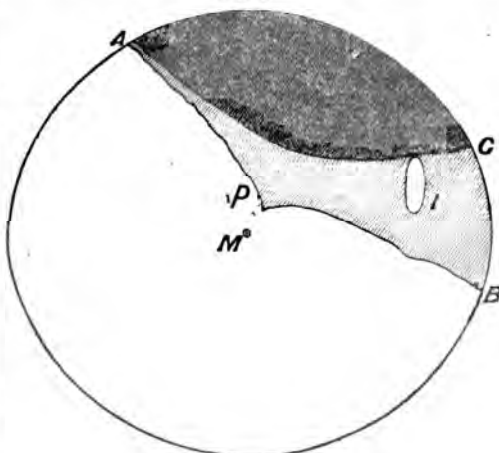
an adhesion of part of the pupillary margin to the lens and a punctate condition of the cornea, such as appears in serous-iritis—a disease that is more than occasionally concomitant with deep seated inflammations of the eye.\*

The inflammatory experience that the iris had endured, was recognizable at a glance; next, the flocculent shreds and particles observed, that were agitated by the movements of the eye-ball, declared themselves as exudative products in the vitreous, that had followed inflammation of the choroid. Unquestionably then, this eye had suffered from irido-choroiditis, with an invasion of the disease into the posterior tissue of the cornea. The right eye was found to contain like flocculent shreds, and particles, and must have been affected essentially in the same manner as its companion to produce these. The pigmented condition of certain regions of the fundus oculi was also to be regarded logically, as a product of the choroidal inflammation. The inflammation had extended to the retina and caused the disturbance of vision—the glimmering and wavering, alluded to above, with the hyperæsthesia and intolerance of light. Whether these black spots were displaced particles of pigment, or exudations in the substance of the affected retina, or altered blood from the atrophied ramifications of finest retinal vessels, it seems impossible to account for them here, except on the hypothesis of choroidal inflammation. My diagnosis was consequently: this is a case of *irido-choroido-retinitis*, and the symptoms show that the action of the disease still continues. The prognosis was grave, of course, for chronic choroiditis is always serious; still it seemed to me that it was not hopeless, and a treatment was instituted.

The first indication was to protect the eyes from irritation. Use of them was therefore interdicted, and dark protective glasses were recommended. Patient was enjoined to avoid exposure to strong light. The eyes were both kept constantly under the influence of a solution of sulphate of atropia, instilled into them at regular intervals. Warm water applications were found grateful, and were used freely. Special care was given to the diet and regimen of patient, that the process of repair and excretion should be duly maintained. Chalybeate tonics were employed, the chief medicinal agent relied on, as an active, was the Elixir Iodo-Bromide of Calomel Compound. This was persistently used for six weeks, when patient left for home, with a feeling that her eyes were better, yet with no

change in the field of vision, and, perhaps, a slight diminution of pigment in the fundus. After remaining at home until the eleventh of January, and continuing the treatment there, patient revisited me. She had improved in every way. The intolerance of light was gone, and the pigment spots decidedly lessened, and in their stead more whitish granules and striæ were discernible now than before. The area of sight was extended, and its boundary was advanced from the irregular line A P B of the diagram, Fig. 2,

Fig. 2



to the curved line A C. The half shaded space included between these lines (in which the little island of light alluded to above is situated) represents the extent of the visual field recovered from blindness.

The prognosis seemed now much more favorable. I am not prepared to say, satisfactorily to myself, what caused the disease. No organic ailment of the heart or lungs, or of the great emunctories existed. If any hereditary diathesis existed as a predisposing cause, I could not determine it from any collateral evidence, and I was not able to assign a personal responsibility for the ailment, since it could not be justified by anything in the history of the case.

NOTE.—While this paper is in process of publication, the author has received a letter from the patient, asking permission to resume her vocation as a teacher. [May 1, 1878.]

#### Letter from Prof. Hamilton.

NEW YORK, April 17, 1878.

DEAR SIR.—I avail myself of the permission given in your note of the 13th inst., to say to your readers, that the report of my lecture on Fracture of the Femur, contained in the number

\* In plastic exudation causing the posterior synechia in this case quite exceptional in serous-iritis.

of your Journal, &c., Nov. 15, 1877, is in several important points incorrect. I did not say, and never have taught, that "there will always be some appreciable shortening in these fractures." I have published several cases treated by myself in which there was no appreciable shortening. I did not say these fractures were always oblique—that the short, inside splint may be used or not, at the discretion of the surgeon—that I had never had an imperfect union with the apparatus which I at present employ. When I speak of union as perfect, I always mean, without any shortening.

The last (fifth) edition of my work on Fractures and Dislocations, and, indeed, all of the editions, teach, essentially, but with some modifications, the same doctrines which were attempted to be enforced by the lecture referred to. The report of that lecture published in the Medical Record, was, I believe, correct.

Very truly yours,  
FRANK H. HAMILTON.

We forwarded a copy of Dr. Hamilton's letter to the gentleman who wrote the report referred to, and have received the following. We publish them together that our readers may have before them the allegation and explanation.

1st. "There will always be some appreciable shortening in these fractures."

The shortening alluded to in the above quoted sentence, is the shortening to be detected in the limb before the treatment of the fracture is begun, and this is apparent from the language which follows in the same paragraph: "*All tendency to shortening must be overcome within the first three or four weeks.*"

Of course the *tendency to be overcome* by appropriate treatment, implies an appreciable shortening directly after the accident, also a tendency in the limb to continue shortened, and also a means of overcoming that tendency within a specified time in good surgical practice.

2nd. These fractures were always oblique."

The Prof. certainly emphasized the tendency of thigh bones of adults to fracture obliquely, as his own well proved method of dressing such fractures illustrates the value of securing the means of accurate coaptation of the fractured ends of the bone when the fracture is of the oblique pattern.

The exception noted by the Prof. (viz.: in paralyzed limbs) to the "*laws*" of obliquity was duly mentioned in the report.

On this point, in a report of the same lecture, "The Medical Record" says, quoting Dr. Hamilton: "First, I wish to remark, that fracture of

the shaft of the femur in the adult is almost always oblique. The fracture is usually very oblique, so much so, that it almost never happens that we can set it, in the ordinary sense of the term." The language is scarcely different in phraseology or purport from that given in the Journal of Materia Medica.

The only exception that was mentioned to the rule of obliquity in these fractures was recorded as given, and hence that statement of your reporter must stand unimpeached.

3rd. "That the short inside splint may be used or not, at the discretion of the surgeon."

Your reporter may have heard incorrectly in regard to the short, inside splint, but his memory reinforces his notes upon the point that the Prof. affirmed the inside short splint to be needed sometime, and sometimes, at the discretion of the surgeon, (owing to individual peculiarities in these cases), might be dispensed with, without danger to proper union of the fractured bone.

4th. "That I had never had an imperfect union with the apparatus I at present employ. I speak of union as perfect I always mean without shortening."

The reply to specification No. 1, disposes of the supposed mistake upon this point. Your reporter accords to Prof. Hamilton *perfect unions* together with all that that implies in his treatment of fractures of the femur in the adult subject.

#### **Elixir Iodo-Bromide of Calcium Compound.**

Extract from letter of DR. ENOCH DENNIS, Old Hickory, Conway Co., Ark., April 11th, 1878.

"I have been using your Elixir Iodo, Bromo-Chloralum, Firwein, and Fluid Ext. Ergot extensively in my practice, and find that they possess all the curative properties claimed for them. I have used Elixir Iodo in some thirty cases, and I have yet to meet the first disappointment. I have two interesting cases to report, one a case of Scrofulous Abscess, cured by the continuous use of Elixir Iodo when all hope of life had been given over. Thousands thank you for sending us a reliable remedy for this class of blood disease."

Extract from letter of Dr. W. H. MOYER, Racine, Ind., March 26, '78.

"I have used your Elixir Iodo-Bromide of Calcium Comp. with fine results especially in a case of *Fistula in ano*. I treated a man about 35 years of age, who had an abscess of the rectum terminated in fistula, as pronounced by several physicians, and all of whom told him an operation



was the only remedy. As he was a poor man he could not pay for the operation. When he came to me I put him on the Elixir Iodo, and by the time he had used one bottle the discharge was reduced one-half. I then presented him another bottle which has cured him entirely, and the effect was to stop a discharge from his ears, and restore his hearing, which had been impaired for two years."

#### Firwein.

Extract from letter of WM. A. BROADHURST, Clarksville, Tenn., March 1, 1878.

"I write more particularly, to ask about the Diphtherine Lozenge. I have been a sufferer from *Chronic* sore throat for nearly two years, and I must do you the justice to say, that I have derived more real benefit from your Firwein than from any other medicine. I am taking it now. I want a medicine that is reliable, that I can carry with me with convenience. I presume the Diphtherine Lozenge would answer that purpose."

#### Diphtherine.

St. Louis, Mo., March 15th, '78.

Gents:—Some months since, my attention was called to the therapeutical effects of Diphtherine. I have been more than pleased at the results obtained in acute and sub-acute diseases of the throat, Scarlet Fever, and Diphtheria; its action was so speedy and cure so rapid, that I have concluded to send forth the cry "Eureka" to all my patients suffering from the above named diseases. Am at present testing your malt extract and with good results so far. Hoping your Diphtherine may prove as successful in the hands of my brother practitioners, as it has in mine.

I am yours &c., Dr. W. DEWOLF JONES.

#### Diphtherine Lozenges.

Rutland, Vt., Jan., 10, 1878.

Gents:—The box of lozenges you sent me Dec. 29, was thankfully received and since then, I have been giving them a trial.

Without hesitancy I pronounce them a reliable, and very convenient of administration. The object in sending for them was to get some-thing I could give to children without trouble. I have some diphtheria, and wherever I go I ask what the children can take to prevent diphtheria. I prescribe the lozenges, and they use them so nicely and call for more, that I am satisfied with them and believe that they possess substantial virtues.

Send me two boxes and I will remit.

Yours Truly, J. H. PUTNAM.

#### Letters from Physicians

Extract from letter of E. H. MELOTT, Ogden, Boone Co., Iowa, April 11, '78.

"Sis:—I have, used your "Iodo" "Bromo-Chloralum" and "Diphtherine," and they answer your recommendation so well, that I have fallen into a certain routine of prescribing them in all mouth and throat affections, and with such uniform success, that specific as well as follicular trouble has become a matter of indifference.

I wish to make a closer study of your remedies and wish you would send such pamphlets as may help me to prescribe them more intelligently, as I believe them to have a wide range of application."

Extract from letter of DR. ALBERT DUNLAP, Iowa City, Iowa, March 25, 1878.

"I have found many items of value in the Journal; I carefully preserve the numbers, and have bound volumes from vol. 10 to present time. I have used Messrs. Tilden & Co.'s Fluid Extracts and Elixir Iodo in my practice, and would particularly commend Fluid Extract Ergot, 1874, as uniform in strength, and reliable. The Sol. Iodo-Bromide Calcium Comp. is largely used by me for external use.

What the profession needs is the more thorough study of our present materia medica, rather than the addition of numberless new remedies. For instance: I find many physicians who know nothing of Gelseminum, and others who use Ergot only to promote delivery, and yet these two remedies are two of my most important agents in treatment of chronic diseases, the former of the nervous system, the latter of the nervous and arterial system.

I would suggest that a page of the *Materia Medica Journal* be set apart each month for the discussion of one remedy as above, and all be invited to contribute an item, which can be condensed into a line, asking only new ideas."

NOTE.—The suggestion of Dr. Dunlap is an excellent one, and it will give us great pleasure to set apart one or more pages for the discussion of any article, and would suggest that our readers send us their observations on Gelseminum for the July number—such articles should reach us by the 1st. of July.

EDITORS.

Extract from letter of Dr. C. A. KING, Amity, Clark Co., Ark. March 12, '78.

"I exhibit your Extracts without a single doubt as to their standard virtues."

### Journal of Materia Medica.

Extract from letter of J. R. McQUEEN, M. D., Dallas, Texas, March 10, '78.

"I never fail to see something good in every number of the JOURNAL. Can I procure the last three or four volumes bound? By accident many of the old numbers were destroyed and I feel the loss sensibly."

Letter from Q. C. SMITH, M. D., Cloverdale, Sonoma Co., Cal., March 27th, 1878.

"Your useful Journal came duly—Feb., No. and among other good things in it, I notice, (page 44) a B for *Vomiting in Pregnancy*. This B has for years, been going the rounds of the American Journals, and even crossed the water and back again, copied from European Journals of course getting better by "coming from Europe." Now we have strong reason to believe that our humble self was the originator of said formula. We have published and republished it from time to time, for years past, but we never heard of it *before* we used it in our own practice. Of course it is not *infallible*, but it is the *best* we know of, and we have tried many. The Journals are more than welcome to publish said formula, or any other contribution we have made to periodical medical literature, whether we get due credit or not. For really such things belong to the *profession* and not to individuals, for said individuals are little more than what the labors of the profession have made them, and receive *much* for the *little* they contribute to the common stock.

Enlightened Pharmacy has done much to lighten and make pleasant and efficient the labors of practitioners of medicine; and the pharmacutists who place in our hands elegant and reliable remedies, as you have done, certainly deserve the lasting gratitude of both physicians and patients; for thus, indeed, the Pharmacist is the "Power behind the Throne."

And when his work is faithfully performed, according to the best lights the Science of his day affords, he becomes an important factor in solving the mighty problem of the age—*advancing civilization*."

### Really an Elegant Thing.

The new Rocky Mountain Tourist, just from the press, is indeed an artistic gem. In point of engravings, printing and description it is beyond all question the handsomest publication of the character ever issued in the United States. There are in this work no less than sixteen of Thomas Moran's exquisite drawings, and among them his famous reproduction of the Mount of the Holy

Cross. Of Moran's other matchless drawings are those of Grand Glen, Marble, Knab and Boulder Canons, Twin Lakes, Teocalli Mountain, etc. Joseph Beard is represented by characteristic hunting sketches, Bisbing by several exceedingly attractive mountain sketches, Lancelot by spirited drawings of the remarkable rock-sculpture on White River, and Henry Worrall by full-page views at Veta Pass and Wagon Wheel Gap, as well as a large number of other very finely executed sketches in different portions of the western country. The engravings are for the most part large, the full quarto pages of the Tourist enabling the showing to the finest advantage of plates seven by ten inches. The book comprises sixty-four pages, exclusive of the cover, and printed as it is upon supersized and calendered paper of the richest finish, the effect throughout is superb. While a very model of typographical beauty, the Tourist is none the less practical in its range of information, time, distances, railroad and stage fares, hotel and livery rates being noted with uniform accuracy and in so easy and pleasing a manner as to entirely relieve the work of everything approaching the tedious detail of the average guide book. Containing no advertisements of whatever character, the new Rocky Mountain Tourist is fit companion to Picturesque America in any gentleman's library. Specimen copy may be had without cost by writing to W. F. White, Topeka, Kansas.

### Book Notices.

We have received from J. Edwin Danelson, M. D., No. 129 Lexington Ave., New York, five volumes (Nos. V. to IX, inclusive), of the Transactions of the New York State Eclectic Medical Society, embodying all the reports, essays, &c., read before the society at its annual meetings for the last five years, and containing a vast fund of useful and practical information. Each volume is bound in cloth, well illustrated, and the typographical execution is all that could be desired. For terms, etc., see advertisement in another part of this issue of journal.

### ERRATUM.

We desire to correct a typographical error in the valuable paper of Dr. A. J. GARDNER, published in March Journal, p. 58, 10th line from top of page—For "vouched me" read "would us

Correspondents will oblige by writing plain their names, Town, County and State. We frequently unable to answer letters because they are omitted.

THE  
JOURNAL OF MATERIA MEDICA,  
A Monthly Journal Devoted to  
MATERIA MEDICA, PHARMACY, CHEMISTRY,  
AND NEW REMEDIES.

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New Series.]

June, 15, 1878.

[Vol. XVII.—No. 6.

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Lectures on Fevers.

By ALONZO CLARK, M. D.

Professor of Pathology and Practical Medicine in the College  
of Physicians and Surgeons in the City of New York.

TYPHOID FEVER—(CONTINUED)—SYMPTOMS—  
TREATMENT.

LECTURE II.

Gentlemen:—In the concluding part of the last lecture we were studying the symptoms of typhoid fever. We will continue the same subject to-day, and the next symptom to be described is the *eruption*. This makes its appearance on the seventh or eighth day from the first chilly feeling. It sometimes occupies the entire body, and in some cases it is chiefly found upon the abdomen and upon the back. It can usually be seen upon the chest also, and sometimes upon the limbs. It rarely occurs upon the face. The eruption consists of small red spots, not more than a line and a half or two lines in diameter. These spots may be so numerous as almost to run together, or they may be so few in number that you will be obliged to search diligently to find them. The eruption is not attended by pain, itching, or any peculiar sensation. The spots remain red or rose-colored until they disappear; and they disappear pretty quickly. During its entire existence each spot can be bleached by the pressure of the finger, but the color will return as soon as the pressure is removed. In this respect it differs from the eruption of typhus fever. It differs from the typhus eruption in another respect; the typhus eruption disappears through some shades of yellow staining, and that staining is due to changes which occur in the coloring matter of the blood, but as there is no effusion of blood in the eruption of typhoid fever, the yellow discoloration does not appear. The eruption disappears at the end of a week; but disappearing, sometimes a new crop of the eruption makes its appearance. Mr. Louis in studying this point, made markings upon the surface with nitrate of silver for the purpose of ascer-

taining whether the new eruption appeared on the precise site of the old, or whether it occupied new positions. He found that the sites occupied by the old spots were not occupied by the new ones, but that it was a new eruption occurring on new sites. The eruption is not always present, and its occurrence is much less frequent in this country than in France. Still, we always search for it, and when it is found we recognize in it a very valuable diagnostic indication.

A few words must be added to what has been said regarding the *temperature* in typhoid fever. It has been claimed within the last few years that there is a special mode in which the temperature of typhoid fever increases. For example, it is claimed that at the beginning of the fever the advance is gradual until it reaches its maximum height until the fever begins to abate; then the morning remissions become more and more marked, and finally the normal standard is reached. On the second day of typhoid fever the temperature in the morning should, according to this doctrine, be 101° F., in the evening of the same day 102° F. On the morning of the next day it should be 102° F., and in the evening of that day 103° F. Again, on the morning of the following day it should be 103° F., and in the evening 104° F. By the *fifth* day of the disease, then, the temperature may have reached 104° F. in the morning, and 105° F. in the evening; at least the rise in temperature is said to be gradual until the highest point is reached. The highest point being reached it remains about the same, with daily variations, a remission in the morning and an exacerbation in the evening during the second and third weeks. That feature I have noticed—namely, that there is but little subsidence of the temperature during these weeks, and that when it does begin to abate the morning remission becomes more marked. For three or four days before the fever comes to its termination there will be between the morning and evening temperature, instead of a variation of only one degree or a degree and a half, a variation perhaps of three or three and a

half degrees. Such a fever is defervescing, as the technicals say. Since this observation regarding the gradual rise of temperature in the early days of typhoid fever was announced, I have given particular attention to it. It is true we have not had many cases of typhoid fever in the city within the last two or three years, so that the opportunity of observation has been rather scanty. But in the instances in which it has been observed this precise mode of increase in temperature has not been noticed. We noticed very frequently a great variation between the morning and evening register, as the temperature began to subside, but there was not the regular advance mentioned as occurring in the initial days of the disease.

There has been one embarrassment in this respect, however, for I see cases of typhoid fever, as they occur outside of hospitals, only in consultation, and then the disease is generally pretty well advanced. I have, therefore, had few good opportunities to study this rule in private practice. In the hospital we do not commonly get the cases until the end of the first week, and that is at the end of the time when this important observation should be made. We had one case which originated in Bellevue Hospital from some unknown cause, and we had the opportunity to make the requisite observation, but it did not come under the rule relating to the steady increase of the initial temperature. It may be, therefore, we shall be obliged to study anew the temperature of typhoid fever as it occurs in this country.

Now let us take a case in the third week of severe and dangerous typhoid fever. We shall find the patient with a pretty rapid pulse, and yet the pulse throughout the course of an average case is not rapid. A great many patients go through an entire course of the fever with a pulse never exceeding 100. But in the supposed case the pulse is perhaps 120 or 130. The countenance is dull; the patient is inclined to stupor; has but little perception of what is going on around him; possibly is comatose; perhaps has the *coma vigil* which is seen in typhus fever; he is inclined to slip down in the bed; he is probably quite deaf; is pinched, he does not feel it very much; his sight is obscure; his mouth is filled with sordes; his tongue is dry and cracked, or it has the color of beef; the evacuation from the bowels occurs without his knowledge; the urine is retained in the bladder until it forces its way by drops from the urethra; the respiration is pretty rapid; and there is more or less fall in the temperature.

When this condition has been reached, the man is very likely to die; but, at the same

time, with these symptoms a few do get well. A great many thousands, however, go through typhoid fever with the development only of symptoms of moderate severity, and those cases usually recover.

#### DURATION OF THE DISEASE.

The duration of this disease is about four weeks; and yet I have seen a woman who had symptoms of typhoid fever for 120 days. It was on the one hundredth and twenty-first day that I saw her, and there had been no marked defervescence at any time during her sickness. How was the case to be explained? The explanation is that she had a fever resulting from the lesions of typhoid fever just described as affecting the glandular structures of the intestines, the mesenteric glands, and the spleen. The disorder of the spleen may not yield readily; the alterations in the intestines may hold on, and produce a diarrhoea which lasts for a long time. The lesion of the stomach may be more prominent in certain cases than in others, and the lesion of the lungs may hold the patient down for an unexpected period of time. The typhoid fever proper does not extend over four weeks; the period of communicability is not probably more than six, and what of fever and sickness is continued beyond that time is probably free from the danger of communicating the disease.

#### NATURE OF THE POISON BY WHICH THE DISEASE IS SPREAD.

Next with regard to the nature of the poison by which the disease is spread. From several instances which I have cited in which a disease resembling typhoid fever has been produced by dejection from a typhoid patient mingled with water in various ways, it is pretty certain that these dejections are capable of poisoning well persons. Then the question arises, are they capable of poisoning well persons simply because they carry some general poison that is disseminated or diffused about the sick person, or is it that some fermentation occurs in the dejections, and thus produces the poison? This latter is the doctrine of to-day. It is farther claimed that there is no diffusion of poison about the patient, except such as comes from the clothes that have been soiled by fæces. That point is not yet settled, and requires farther study. It is a point, however, of great importance, and one which has a direct bearing upon the management of the patient.

#### ABORTIVE CASES OF TYPHOID FEVER.

A word with reference to abortion of the disease. There are some abortive cases of typhoid fever. The disease runs on for a few days and then spontaneously subsides, not



running through its regular course. The abortive cases are seen more commonly among children than among adults.

It has been known for a long time that infantile remittent fever is typhoid fever. For, when the disease exists for a certain length of time, there are found, at post-mortem examination, the same lesions found after typhoid fever occurring in adults. I have over and over again seen this fever in children terminate in nine days; and not infrequently in seven days. Occasionally the same thing occurs in the adult; possibly because the system is not susceptible of the disease to the same degree as in other persons; possibly because there may be some protective influence from some other fever; or the person may have had a previous attack of typhoid fever.

#### ACCIDENTS OF TYPHOID FEVER.

There are certain accidents liable to occur in the course of this disease, which require some attention. Persons having typhoid fever are liable to *abscesses*, and a rather favorite seat of abscess under these circumstances is the region about the parotid gland; it is a peri-parotiditis. It usually occurs, if developed at all, in the second or third week, and when the inflammation has once commenced it almost always advances to suppuration. It occasionally happens that inflammatory abscess occurs in other parts of the body. But there is another kind of abscess to which the typhoid fever patient is liable; it is called the *cold abscess*. Such an abscess may occur upon the arm, over the sternum, perhaps upon the leg, but more frequently upon the upper part of the body.

There is little or no evidence of the existence of an inflammatory process as shown by heat, redness, or pain, but a swelling and fluctuation is usually the first thing noticed. Once observed, it is found that the abscess advances, dissects up the muscle, and, if left to itself, it will be found that a great deal of mischief will be done.

*Hemorrhage from the bowels* is liable to occur in the course of typhoid fever. I attended one hundred cases of the disease before I saw one in which hemorrhage from the bowels took place, and I began to feel that the importance of this accident, as regards its frequency, was greatly exaggerated. But just then the cases came in a kind of shower; several came under observation in pretty rapid succession. The hemorrhage is of two kinds; first, that which occurs early in the disease; and second, that which occurs late, sometimes even during convalescence. When it occurs early, my conviction is that it is not because of gangrene of the intestine, as Niemeyer says, but that it is from hyperæmia in the parts

where ulcers are forming. The ulcers have not yet formed; there is no destruction of blood-vessels, and this early hemorrhage is apt to be quite innocent. The hemorrhage which is most alarming is that which occurs in the manner referred to, by the destruction of a blood-vessel of moderate size, as an ulcer advances. When it occurs during convalescence, it is evident that the ulcers are not all healed when the fever subsides.

Of *perforation of the intestine*, perhaps sufficient has been said, except with reference to treatment.

#### MODE OF TERMINATION OF TYPHOID FEVER.

The disease terminates rather suddenly and in this respect resembles typhus fever. For example, you see the patient in the evening and find that his pulse, temperature, and the appearance of the countenance indicate the continuance of the fever, but at the morning visit you find that his face is pale, that his temperature and pulse have fallen, that his reason has returned, if he has previously been delirious, and when asked how he feels, he will answer, "Doctor, I am so weak!" the same as does the typhus fever patient. From that time he slowly recovers from the effect of the disease. His appetite returns; he is soon able to sit in a chair; and soon after he is able to walk. Recovery of strength, however, is almost always slow; it takes a month, perhaps two or three, and sometimes six months, to fully recover this.

With regard to the mode of termination of the disease, it is commonly in the manner described, but in a few cases termination occurs by *crisis*. In my own case, the first thing remembered after losing my senses was that four persons were moving me from one bed to another upon a sheet, and that I was dripping with perspiration; that perspiration lasted for an entire day. During its continuance I recovered my reason, and the doctor said, "You are better." After the sweating ceased, I myself was conscious of being better and stronger.

There is a curious fact with regard to convalescence from typhoid fever, and that is, before the patient recovers his full strength, he often acquires an *unusual quantity of fat*. He looks as though he had sufficient strength, but he feels weak. It is to be noticed that this accumulation of fat all finally disappears, and the patient is brought back to the condition he was in previous to the occurrence of the fever.

There is another point with reference to the convalescence, and that is, the patient usually *loses his hair*. This may go on to such an extent that he becomes entirely bald. It is

often the case that he becomes nearly bald; but there need be no apprehension regarding the permanency of the baldness, for the hair follicles remain, and a new growth of hair will be produced which will be nearly as good as the old.

#### TREATMENT OF TYPHOID FEVER.

We will now pass to the consideration of the treatment of typhoid fever. Active treatment of this disease has been long abandoned. It used to be the fashion to bleed, and also to produce pyalism. I remember doctors who said with confidence that where they saw evidence of the special action of mercury in these cases, they were sure of recovery. But all that has been abandoned.

Again, there were doctors, and perhaps there are some now, who put great confidence in a purgative plan of treatment; or, perhaps more strictly, an emetico-cathartic plan. An emetic and cathartic were administered together, and the cathartic was always calomel. It was claimed by those who resorted to this plan, that in certain cases abortion of the disease has been actually produced. I doubt that. In the course of an epidemic of typhoid fever, cases of ephemeral fever occur. These terminate of themselves within a few days, and the general opinion now is that those cases which have been reported as abortive cases were really cases of ephemeral fever, or cases of themselves abortive. At all events, since "Graves fed fevers," the tendency in the profession has been to treat typhoid fever with as little medicine as possible.

I may safely say to you that a case of typhoid fever of average severity needs no medication except for the relief of certain symptoms, such as sleeplessness, perhaps a little urgency in the diarrhoea, sensation of burning upon the surface of the body, etc. There are a great many cases of typhoid fever which need no treatment whatever by way of drugs, but everything by way of management of the case. Still, it does happen in many of the cases that some one of the symptoms requires treatment. The *diarrhoea*, for example, in many cases requires restraint.

Diarrhoea does not occur in every case of typhoid fever in this country; perhaps it does not occur oftener than in two-thirds of the cases. But when it does occur, the usual remedies are serviceable here as in other forms of diarrhoea. The astringent which I have referred to so frequently is found to answer a very good purpose. It consists of:

R. Bismuth subnit ..... 3 i.  
Morphæ sulph ..... gr. i.  
M. et div. in chart. No. xii.  
One to four a day.

The common astringents *tr. kino* and *tr. catechu* may be employed, and the decoction of blackberry root is sometimes very serviceable. In some cases it requires the moderately free use of opium to restrain the diarrhoea.

There is always a *cough* in typhoid fever, but as it is not important in the average case, I have not mentioned it until now. There is slight bronchial irritation, which appears early in the disease, and continues usually until the period of imperfect anæsthesia is reached, when it may cease. The material raised is commonly a glairy mucus, but in some cases the slight bronchitis becomes a catarrh, and will require treatment. It will need the same treatment as bronchitis occurring under any other circumstances, except that the tonic expectorants will be most likely to do good. Perhaps one of the best that can be used is the *Co. Tr. of Benzoin*, in doses of ten drops on sugar once in three or four hours. A very good combination is the tincture of the balsam of tolu and the *mistura guaiaci*.

R. *Mist. guaiaci*..... 3 j. to 3 ss.  
*Tr. balsam tolu*.... gtts. vj. to x.

M.

This can be repeated every two, three, or four hours. Sometimes the inhalation of the vapor of warm water seems to be required for one or two hours each day.

*Restlessness* is one of the prominent features of the disease, and that will very frequently be entirely quieted by sponging the surface of the body with warm or cold water. If the temperature is high cold water is better than warm; and in some cases a Dover's powder will be required.

The *temperature of the body* will require your attention. In many cases of typhoid fever it does not rise to a dangerous point; in a few cases it does. You will see the greater number of cases go through the entire course of the disease without the temperature at any time reaching 105° F. In a case of average severity the maximum temperature is about 104° F.; in occasional cases it reaches 106° F. or 107° F., and then you will either give quinine in pretty decided doses or use cold water for its reduction. If the patient is a young person, the cold bath is the most convenient means for reducing the temperature, and certainly the most efficacious. The temperature of the bath should be only ten degrees below the temperature of the body when the patient is first put into it. If the temperature of the body be 105° F., the patient may be placed in a bath having a temperature of 95° F.; then, some of the warm water can be removed and be replaced by cold water until the bath has been reduced to 80° F. If the patient is per-

mitted to remain in such a bath twenty minutes, the temperature is usually reduced 1, 2, 3, 4, or even 5 degrees.

He is then removed from the bath, put back into bed, and it will be several hours, usually, before the temperature will rise as high as it was before using the bath. When it rises, another bath is to be given, and in that manner you will go on repeating the bath as often as may be necessary to keep the temperature below the point of danger.

The son of one of the professors of this college has within the present session had typhoid fever. In his case the bath was used about five times a day for several days, and always with the result of reducing the temperature and affording great relief to the patient.

For the *hemorrhage from the bowels* there is little can be done, unless, in addition to absolute rest, the fluid extract of ergot be administered.

For the *perforation of the bowels*, I have some faith in the opium treatment. As I told you, I feel confident that I saved one doctor's life by the narcotizing influence of opium, and there is no objection in typhoid fever to the administration of this drug.

"Graves fed fevers," typhoid fevers as well as typhus; and now we come to the two essentials in the treatment of this disease. I am in the habit of repeating the old proverb, "Stuff a cold and starve a fever," and then add that we stuff them both now. First, then, the administration, steadily and perseveringly, of such food as can be absorbed by the stomach. We cannot talk much of digestion; the stomach is in a diseased condition, and cannot digest well, consequently everything solid in the way of food is out of the question. Most of these patients dispose of milk pretty well. For all those who can dispose of it, milk is the best food that can be used. For those who cannot use it, you will be obliged to do the best you can with beef-tea, raw egg beaten up with water, and made of such consistency that it can be taken with a spoon; and the expressed juice of beef. The beef-tea does not contain a great deal of nourishment, and when it can be used, milk is a much better article of food.

The expressed juice of beef answers very well, and can be obtained by cooking a piece of steak so as just to crust the two surfaces, then cutting it into pieces and squeezing the juice out with a lemon-squeezer. The juices are given rather as diluted food in the early part of the disease, when it is supposed that the patient should not take much nourishment, but as the disease advances, the food should be more and more sustaining. In cases in which the stomach fails to retain food,

nutritious enemata should be employed. You will remember that the disease which produces the diarrhœa, is in the small intestine, not in the large.

The other essential of which I wish to speak is *fresh air*, but I will reserve that for the opening of the next lecture.—*The Medical Record*.

### Helminthology.

Important additions have been made to this science during the past year, and the necessity for more extended investigations is evident. An epidemic of diarrhœa was traced to the presence of two nematode worms (*Anguillula stercoralis* and *A. intestinalis*). In Italy, good work has been done, tending to prove the great tenacity of life of those organisms giving rise to the pork and beef measles, Dr. Payne and several students having courageously submitted themselves to experiment, and infecting themselves with "*Tænia medio-canellata*." A more recent discovery in helminthology has important relation to the origin of many obscure diseases. It appears that a Mr. Bancroft wrote from Brisbane in April, 1877, and incidentally remarked: "I wonder if mosquitoes could suck up the hæmatozoa and convey them to water! They appear to die in water. I will examine some mosquitoes that have bitten a patient, to see if they suck up the 'filaria.'" At the time "Bancroft" was surmising, Dr. Manson, of India, demonstrated this to be a fact. In November, 1877, Dr. Manson wrote to Dr. Spencer Cobbold, the eminent helminthologist, announcing the discovery of this parasite in the stomachs of the mosquitoes, which had fed on hæmatozoal patients, describing also the developmental changes it undergoes during its residence in the insect.

He also supplements the fifteen cases of this human hæmatozoa, giving details of no less than thirty-five additional cases, and a mass of valuable statistics in relation to the prevalence of "*Filaria sanguinis hominis*." Thus, what the Russian traveller Tedscheuko showed in relation to the case of the "cyclops," considered as the host of the Guinea worm, Manson has shown to obtain in the case of the "*Culex mosquito*." True, there was a difference in detail, but both play the rôle of intermediate bearer, the little crustacean and the small mosquito. Dr. Cobbold, as a practical comment on these discoveries, well remarks that "if physicians will only reflect to what extent diseases hitherto obscure are to be associated with the bite of a gnat, they will, perhaps, be not less ready than hitherto to extend a helping hand to those who, at great sacrifice, labor in the fields of helminthology."—*Medical Record*.

## Chemical and Pharmaceutical Equivalents.

### Atomic Theory.

"This article is from one of the most accomplished, and ablest writers in Philadelphia, and we trust it will be read carefully, as it deserves to be."

This is, in chemistry, the theory which maintains the existence in matter of physically indivisible particles called atoms, and which explains the *laws of combination* by supposing that the chemical elements unite by these particles when they form compounds. The laws of combination relate either to the proportions in which substances unite with one another, or to the proportion which the different quantities bear to each other, in which the same substance is found capable of uniting with some other substance. The proportion in which substances unite with one another are definite, and not by insensible gradations, and have this peculiarity, that they may be denoted by a series of numbers representing a succession of ratios, which are not independent of each other but connected throughout like the different links of the same chain. When these numbers denote the ratio of the weights of the constituents in what is considered a primary combination, they are called *equivalent numbers* or *chemical equivalents*; because they represent the relative weights in which the different chemical substances combine with or decompose each other, and are, therefore, in that sense of *equal value*. They are sometimes called *proportional numbers* and *combining weights*. The ratios of combination having this equivalent property, are called *equivalent proportions*.

The equivalent numbers represent the ratios in which both the elementary and compound bodies unite; but the equivalents of the compound bodies are erected exclusively upon the equivalents of the elements as a basis, and are regulated by them. This will clearly appear when the fact is adverted to that the equivalent of a compound is merely the sum of the equivalents of its elements; and that the numbers obtained by this simple process of addition for any two compounds will necessarily represent the proportion in which such compounds will unite with one another. The equivalents of compounds being thus deduced, it follows that it is of chief importance to ascertain the equivalents of the elements.

It has been stated above that the laws of combination relate also to the proportion which the different quantities bear to each other, in which the same substance is capable

of uniting with some other substance. To descend to particulars, it is found that in not a few instances, the same substance will form two or more combinations with some other substance taken at a constant quantity; and the relation which the several quantities of the varying substance bear to each other in its several combinations may be noticed. Now it is found invariably that this relation is a simple one, and may be denoted by numbers which have a simple ratio to each other. Thus, for example, the relative quantities of the varying ingredient which enter into combination, supposing two combinations, may be as 1 to 2, as 2 to 3 to 5; or supposing three combinations, as the numbers 1, 2, 3. In all these cases, either all the higher quantities are multiples by a whole number of the lowest quantity; or all the quantities are multiples by a whole number of some number. To denote this remarkable relation in the numbers, expressive of the different quantities of the varying ingredient uniting in several proportions, it is said to unite in *multiple proportions*.

The laws of combination may, therefore, be said to embrace the two general facts of *equivalent proportions* and *multiple proportions*; the former denoting the relation in quantity of different substances when combining; the latter, the relation of the different quantities of the same substance in its several combinations with another substance. But it may be asked why have the numbers representing chemical combinations these remarkable properties? why are proportions *equivalent*, and why are they *multiple*? The answer to these questions leads at once to the supposition that substances unite by certain particles or atoms which have different weights, in other words to the adoption of the *atomic theory*.

The more remarkable properties of *equivalent proportions* are that they are expressed by numbers which have a fixed and invariable relation to each other, and that they form a chain of ratios connected throughout. Now, if it be supposed that substances, when they form combinations, unite by their ultimate particles or atoms assumed to have different weights, the same fixed relation and equivalent property of the numbers denoting the combining quantities would obtain. Thus it is found that hydrogen and oxygen, to form water, unite in the fixed proportion of 1 to 8; and if it be supposed that, in this combination, the ultimate particles or atoms of the elements unite, they having the relation in weight of 1 to 8; then the relation of the quantity of hydrogen to the quantity of oxygen in any proportion of water would be precisely the same as that ascertained by experiment. It is thus shown that the supposition of an atomic



of combination satisfactorily explains the remarkable properties of the equivalent numbers; while no other supposition is sufficient to explain them. Hence it is reasonable to conclude that the atomic theory furnishes a true explanation of the peculiarities observed in these numbers, as denoting the proportions in which chemical substances unite.

It may be next proper to inquire how far the atomic theory is adequate to explain *multiple proportions*, the other law of chemical combination already adverted to. Here the remarkable property observed is that the different quantities in which one substance will combine with another substance, bear a simple relation to one another, called a multiple relation. To adduce the simplest case of this kind, let us suppose that oxygen, according to its equivalent number 8, unites the nitrogen, according to its equivalent number 14; and that in a second combination, 16 of oxygen unites with 14 of nitrogen. From the explanations already given, it will be understood that 8 and 14, being equivalent numbers, represent respectively the relative weights of the atoms of oxygen and nitrogen. But the different quantities in which oxygen combines with nitrogen in the two combinations indicated, and represented by 8 and 16; and it is natural to inquire, why have these numbers so simple a relation to each other? The quantity of oxygen in the first combination being 8, why is its quantity in the second combination exactly 16, or twice 8, and not a little more or a little less? Now the theory of atomic combination answers these questions in the most satisfactory manner. The equivalent quantity of oxygen 8, represents the weight of an atom of oxygen. If then more than the atom of oxygen 8, is found to unite with nitrogen in the second combination, the increase cannot be any *fractional part* of 8, without dividing an atom; and the division of an atom, from its very nature, is held to be impossible; but the increase may be the *whole* of 8, because that number represents an *entire* atom; and hence, the quantity of the oxygen in the first combination being 8, its quantity in the second may be 16. Here then the multiple relation of 16 to 8 is fully explained by admitting that the 8 represents the weight of one atom, and the 16, the weight of two; and the absence of any intermediate proportions is equally well explained by the property of indivisibility, ascribed to an atom. Thus then multiple proportions in chemistry are satisfactorily accounted for by supposing combination by invisible particles, or atoms.

In the foregoing remarks we have endeavored to show that all the peculiarities observed in equivalent and multiple proportions are ac-

counted for by supposing that substances combine by their atoms. Such a mode of combination, though universally admitted by chemists as a just representation of the manner in which substances unite, cannot, in the present state of science, be proved to take place. Hence the explanation of the laws of combination, that they depend on the fact that chemical substances unite by their atoms, is called the *atomic theory*.

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### Mistletoe as an Oxytocic and for Uterine Hemorrhage.

Dr. W. H. Long, Surgeon U. S. Marine Hospital Service, Louisville, Ky., (Louisville Medical News, March 16, '78), states that he has used this plant as a substitute for ergot, for the past ten years. The infusion, decoction or fluid extract of the leaves may be employed. He believes it to be far superior to ergot:

1. Because it acts with more certainty and promptness.

1. It does not produce continuous or tonic contractions, as ergot does, but stimulates the uterus to contractions that are natural, with regular intervals of rest. Hence it can be used in any stage of labor, and in primiparæ where ergot is inadmissible.

3. It can always be procured fresh, does not deteriorate by keeping, and is easily prepared.

Dr. Long has instituted comparative tests of ergot and mistletoe, and found the latter effective when the former had proved inert. The infusion is made by taking 2 oz. of the dried, or 4 oz. of the green leaves, pouring upon them one pint of boiling water, covering until cool enough to drink. Dose two to four ounces repeated in twenty minutes, if necessary. He has seen excellent results follow its use in post-partum hemorrhage and in menorrhagia.

Dr. Long gives the botanical name of the plant as *Viscum album*, which is the European mistletoe, a plant once much vaunted as a remedy in epilepsy and other nervous disturbances. As Dr. E. S. Crosier, of Louisville, remarks, (Medical News, April 6), our mistletoe belongs to a different genus—*Phoradendron*. The plant referred to by Dr. Long is said by Dr. Crosier to be the *P. flavescens*, which in this section grows abundantly upon the walnut, in New Jersey it is restricted to the sour-gum tree (*Nyssa multiflora*). It is well to bear in mind the distinction between the European and American mistletoe, in order to avoid disappointment, and, perhaps, danger: the Virginia Medical Monthly, calls attention to a case of poisoning by the berries of *Viscum album*, reported to the British Medical Journal in 1874.—*St. Louis Clinical Record*.

### Custard a Cholera Producer.

If the conclusions which Dr. W. R. Sevier, of Jonesboro', Tenn., has reached relative to a cause of cholera are substantiated by the experience of other observers as well as of himself, they are of the highest importance, and in any event worthy of careful examination. During 1875 a severe cholera outbreak occurred in the above named town, some thirty deaths taking place in a population of 1,500. Upon his analysis of the disease and its symptoms, Dr. Sevier, while attending the sufferers in that locality, reached the opinion that the malady was due to true blood poisoning, and undertook to combat it with chlorine instead of the usual specifics, opiates, quinine, brandy, etc., which had given unsatisfactory results. After some trials he obtained excellent effects from doses of sesqui-chloride of iron with hydrochloric acid and opium, losing but two out of fifty cases; and he attributes his success to the disinfecting properties of the chlorine as affecting the secretions of the stomach. In other words, his theory, expressed in general terms, is that decomposing food in the stomach is just as likely to cause cholera as a highly poisoned condition of the atmosphere. If the amount of animal food is in excess of the acid present, decomposition ensues and septic poisons are generated, and the alimentary substances most to be feared are custards and cheese. To these seemingly innocuous foods Dr. Sevier has traced cases of severe poisoning, and this although the preparations themselves showed no offensive properties. The poison existed, nevertheless, in the products of fermentative action. Custards, he says, are especially dangerous, and after they are prepared "should be kept at a very low temperature, and never be used after they have become in the least degree sour, or even insipid. I have seen them in the latter condition when an occasional bubble of gas arising to the surface was the only evidence of the mischief transpiring beneath, but, as demonstrated in the cases cited, intensely poisonous." The same invisible and destructive poison constituting the cholera miasm exists in the toxical principle of decomposing meat or cheese or fermenting custard.

As regards the existence of æriform poison, Dr. Sevier regards the same as an epidemic influence as due altogether to the absence or to the deficiency of ozone in the atmosphere. When this element is present in sufficiency, it does not and cannot exist. The effect upon the system, he further considers, will depend on the amount of muriatic acid in the stomach. If the supply of this agent is sufficient to meet the demand, as heretofore suggested,

no detriment to health from this poison will follow any amount or degree of exposure.—*Scientific American*.

### Polyuria Successfully Treated by Ergot of Rye.

The polyuria in a case reported by Dr. Reuder (France Medicale, February), was accompanied by supraorbital neuralgia, vertigo with loss of consciousness, excessive thirst, and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to from about 1,250 to 1,400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterward of half a drachm. Under the influence of this treatment the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (.015 grain) at first, then two, daily produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days the urine fell to 1,600 grammes and the urea to fifteen grammes in the twenty-four hours; the emaciation was stopped, the strength returned, while the thirst and the excessive desire for food also disappeared. Dr. A. Costa (New York Hospital Gazette, February 15th) reports also a case of diabetes insipidus with the excretion of ten pints of urine daily, with sugar or albumen, marked by great emaciation, and states that he treated the patient with fluid extract of ergot, which treatment had been followed by striking success, *i. e.*, complete cure in two cases in private practice. Dr. Costa put the patient upon an initial dose of half a drachm of the fluid extract thrice daily, the dose to be increased gradually, first to one drachm, and then to two drachms. There was at once apparent a great reduction in the quantity of urine passed daily. From ten pints it fell to six pints daily; then to three, where it remained. Even before reaching the present limit he ordered the dose to be gradually reduced, first to one drachm, and then to half a drachm. Then it was stopped altogether, and mint-water substituted in its place. For the past two weeks he had had no ergot, and might be considered permanently cured. The amount of urine daily passed varied between two and three pints.—*British Medical Journal*.

### Sexual Hygiene.

Dr. Geo. M. Beard (Proceedings Medical Society of King's County, N. Y., April 1878) in an article on Hygiene of Chronic Nervous Diseases, reaches the following practical conclusions on sexual hygiene:

1. In savage, barbarous and semi-civilized lands the sexual appetite can be, and is, and always has been, indulged by both sexes, not only in the natural way, but in all sorts of unnatural ways, to enormous excess, without traceable harm to the nervous system. To a less degree this is true of the lower orders in civilized lands—as slaves, sailors and peasantry.

2. The brain-working and indoor-living classes of civilization find it necessary to observe the same caution in this respect as in regard to diet. They can bear only a fraction of what to the savage or the slave is a matter of indifference.

3. There are individual idiosyncrasies in this regard. Some who are very feeble can bear much sexual indulgence, just as some who can not raise their heads in bed, or take any stimulents or tonics, can eat and digest large quantities of food, or bear any amount of alcohol or electricity.

4. Sexual intercourse is a tonic and sedative; and, like other tonic and sedative measures, it induces sleep, or, at least, quietness, and increases the disposition and capacity for work.

When carried to relative excess—that is, excess for the individual at the time—it may produce, primarily, nervousness and wakefulness, and secondarily, headache, neuralgia, and various symptoms of exhaustion. The appetite for sex, like the appetite for food, can't well be regulated by arithmetic; but whenever any of these symptoms follow indulgence, they suggest excess at that time. At another time, under different circumstances, the same indulgence for the same individual may do no harm.

5. The evils of over-persistent sexual excess are usually temporary and very recoverable.

The notion that structural and incurable diseases—as locomotor ataxia, progressive muscular atrophy, etc., are caused, primarily, excess, is not sustained by his observation. He says: "It would appear that the organs, thought, the organs of digestion and the organs of generation can bear, and were denied to bear, a vast amount of abuse without permanent injury. Were it not so, the human race would disappear from the face of earth."

He thinks that masturbation is more likely to injure than natural methods of sexual excitement, because:

First, It can be practiced in early years, even in childhood.

Second, It can be practiced at any time and alone, and therefore more frequently. These two causes account for the temporary or permanent debility that follows long continuance of the vice.

6. Excessive sexual indulgence, or abuse, acting on a strong constitution, produces local functional disease of the sexual organs—impotence in its various grades; acting on a nervous and delicate constitution, it produces general nervous exhaustion.

The worst cases of impotence he has ever seen were in men of iron frames. The feeble, finely organized constitution cannot abuse itself long enough to become impotent; excess so soon shows itself on the general system, that it is impossible to induce local disease. The same rule holds good in writer's cramp. This is a disease of the comparatively strong; the feeble and nervous can not write hard enough or long enough to get the disease—fatigue of the system warns them in time, and forces them to stop or take it easy.—*St. Louis Clinical Record*.



### New Method for the Estimation of Sulphur in Organic Compounds.

By M. W. ILES and C. FAHLBERG, Chemical Laboratory Johns Hopkins University.

Considering the number of methods which have been proposed, as for example that of Liebig, Kolbe, Debus, Russel, Carius, Warren, and Sauer, Mixter, Wiedel, and Schmidt, etc., one would naturally suppose that nothing was to be desired for the analysis of sulphur in organic substances.

We recently had occasion to make a number of determinations of sulphur in organic compounds, and were led to investigate the various methods proposed, and to carefully try a number of them—some of which were found not to be of general applicability, others gave results too high or too low, while others required complicated apparatus, thereby causing opportunity for unavoidable errors.

We will not at present discuss the relative merits of the various methods, but will proceed at once to a short statement of our own, which we hope, for its very simplicity and accuracy, will commend itself to the attention of chemists.

Fuse from 30 to 50 grms. of pure stick potassium hydroxide in a large crucible, preferably a silver one.

Introduce from 0.1 to 0.5 gm. of the substance upon the solid potassium hydroxide. If the substance can be conveniently transfer-



red to the crucible without the use of water it has been found best, as the presence of water makes the operation unnecessarily long.

The mixture is then gently fused until the potassium hydroxide has lost all of its water, and the liquid has assumed a quiet state. This operation is not a violent one, but water and gases are gradually evolved.

Heat is applied gently at first, and increased as the operation proceeds.

It is immaterial in what form the sulphur exists in organic compounds, since the sulphur in all cases will be transformed into an oxygen compound, and will be found combined with the alkali, which is present in excess.

In this operation potassium sulphite will be formed. In no case was there a trace of the lower oxides of sulphur detected, although in some cases there may be produced a minute trace of potassium sulphate.

The fused mass is then treated with water, filtered if necessary, and to the clear solution is added a saturated solution of bromine water, until the liquid has assumed a slightly yellowish tint. Hydrochloric acid is then added to acid reaction, thereby producing oxygen and bromine *in statu nascenti*, both of which are powerful oxidizing agents.

The mixture is then heated, gently at first, until all the bromine has been expelled. To the clear solution barium chloride is added, and treated as usual for the determination of barium sulphate.

As will be seen from the above statement, we have mixture, after the addition of bromine water, consisting of potassium bromide, potassium bromate, and potassium sulphite.

If now to this solution hydrochloric acid be added, there will be a liberation of hydrobromic acid, which will act upon the bromate, in a manner similar to the incomplete action of hydrochloric acid upon chlorates in solution.

Furthermore, we will have a complete decomposition of the bromate by hydrochloric acid, by which there will be formed also nascent oxygen and bromine.

To illustrate the correctness of this method, a number of analyses have been performed, which will be given in a later and more extended communication.

It is our intention to employ this mode of oxidation in a number of cases which do not bear upon the question under consideration.

We wish to direct the attention of chemists to the fact that the potassium hydroxide, as ordinarily found in this country, and sold as chemically pure, contains a *very* large amount of potassium chloride. In such cases it is not advisable to use a silver crucible, as the silver is thereby attacked, forming chloride of silver.  
—*Scientific American*.

### Some Recent Facts about Common Poisons.

Dr. W. E. M. Quiston, of Atoka, Tenn., records a case of recovery from poisoning by strychnine. A young woman on September 13, 1877, took a dose of the poison to commit suicide. Ten minutes afterwards she regretted the act and asked her parents to send for a doctor. When he came he administered chloroform, which produced an immediate improvement. A strong emetic was given, and the stomach was then kept full of sweet oil, white of egg, and linseed tea, while mild inhalations of chloroform were administered as occasion seemed to demand. The result was a complete recovery within a comparatively short space of time. The action of chloroform in this case was analogous to that of chloral hydrate in the preceding notes.

### ARSENIC.

In a paper read at the Alumni meeting of the Philadelphia College of Pharmacy, the author claims to have fully established the question of the efficacy of dialysed iron as an antidote for arsenical poisoning. He states that common salt should always be given to the subject immediately after the iron solution for the purpose of precipitating the iron, in case the gastric juice should fail to be sufficient.

It has been discovered by Rouyer that freshly precipitated sesquihydrate of iron, although an antidote for arsenious acid (arsenic of the shops), fails entirely to counteract the action of arseniate of soda or arsenite of potassa (Fowler's solution), but that a mixture of a solution of the sesqui-chloride of iron and the oxide of magnesium will counteract the effect of these salts, as well as the arsenious acid itself, and hence this mixture is always to be preferred to the hydrate in cases of poisoning by arsenic. The official solution of the sesquichloride of iron should first be administered, and afterwards the magnesia. In one hour after the administration of the antidote, a cathartic should be given. In all cases acid drinks (such as lemonade) are to be avoided, since the compounds they form are soluble.

The poison most commonly used for criminal purposes is arsenic, its tastelessness preventing the victim recognizing it. In view of this Dr. Jeannel, of Paris, proposes that druggists shall sell arsenic to the public only when combined that it immediately attracts attention when added, either by accident or desire to food. For this purpose he directs attention to Grimaud's mixture, which consists of about one-sixth of a grain each of sulphate of iron and cyanide of potassium to every 15 grains of arsenious acid, forming a light blue v



der. On being moistened, however slightly, it becomes of a rich blue color, while the taste is so distinctly chalybeate that it is impossible to overlook its presence in any article of food.

## LEAD.

A singular fact is given in the *Journal de Médecine* of the effect of the habitual use of milk in white lead works. In some French lead mills it was observed that, in a large working population, two men who drank much milk daily were not affected by lead. On the general use of milk throughout the works the occurrence of lead colic ceased. Each operator was given enough extra pay to buy a quart of milk a day. From 1868 to 1871 no cases of colic had appeared.—*Scientific American*.

## Medical Graduates, in 1878.

The following list of graduates this Spring is given by the New York *Medical Journal*:—

Jefferson Medical College.....	203
University of the City of New York....	153
Bellevue Hospital Medical College.....	130
University of Pennsylvania.....	127
College of Physicians and Surgeons, N.Y.	109
Medical College of Ohio.....	102
Missouri Medical College.....	102
Rush Medical College, Chicago.....	129
University of Maryland.....	100
University of Nashville.....	90
University of Louisiana.....	55
Columbus Medical College.....	50
Chicago Medical College.....	47
McGill University, Montreal.....	27
Atlanta Medical College.....	24
Detroit Medical College.....	20
Woman's Medical College Chicago.....	7
University of Louisville.....	71
Louisville Medical College.....	70
Miami Medical College, Ohio.....	51
St. Louis Medical College.....	49
Buffalo Medical College.....	43
Indianapolis Medical College.....	41
Cincinnati College of Medicine.....	33
Indiana Medical College.....	29
Woman's Medical College, Philadelphia.	19
Louisville Hospital Medical College.....	17
University of California (1877).....	15
Medical College of the Pacific (1877)...	13
Medical College of Virginia.....	12

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is a pretty numerous addition to the of doctors.—*Med. and Surg. Reporter*.

a regular meeting of the New York Academy of Medicine, held March 7th, Dr. T. Gail, of Paris, was elected corresponding member.—*Med. Record*.

For *Journal Materia Medica*.

## Expulsion of a Fibroid Tumor from the Uterus by the Use of Ergot.

BY F. D. LAMB, M. D., GREAT BEND VILLAGE, PA.

On the 7th of April, 1878, I was called to see Mrs. B., aged 29, the mother of one child and that eleven months old. I learned that she was suffering from a severe hemorrhage from the uterus. I was informed that since the birth of her child, that she had had such attacks every two or three weeks up to three months previous to my visit. She told me that for the first eight weeks after the birth of the child, the flowing was so profuse that she was obliged to remain in bed eight weeks. She informed me that she had nursed the child ten months and a-half, and during the period of lactation she had been troubled with severe headaches, and for the last three months had more or less nausea and vomiting. The sickness in the morning and the complete disappearance of the flowing had led Mrs. B. to think that she was pregnant and was then threatened with a miscarriage. The hemorrhage was so profuse that the patient could not raise her head from the pillow without syncope. Upon vaginal examination I found the os slightly dilated, and a firm obstruction filling the cervix. I was at once confident that the obstruction was not a product of conception being thrown off, as it was of a firmer consistency readily distinguishable by touch. I then decided it to be a tumor or polypus. The only thing for me to do, the patient being in such an exsanguinated condition, was to form a coagulum at the os and try to contract the uterus upon the obstruction so that no more blood should be lost at that time. I gave one dram of the tincture of opium and twenty drops of fluid extract of ergot, then saturated a piece of cotton with a strong solution of persulphate of iron and pressed it against the os, and then packed the vagina with a tampon. Then ordered the nurse to keep the patient in the position I left her, (head depressed and hips elevated) and to give ten drops of the ergot every two hours, and to give small powders of lead and opium every two hours until I returned. In eight hours I visited her and removed the tampon; found that the hemorrhage had nearly subsided, and the patient had rallied and was feeling much better. Upon examination I found that the tumor had descended a little, and that the uterus was making feeble expulsive efforts. I ordered the ergot to be continued as before, and to have astringent vaginal injections used once or twice per day, and cold applied to the hypogastrium if the hemorrhage should increase,

and opium at night to induce sleep. Each day showed a little further advancement so the treatment was continued until the seventh day, when the tumor was severed from its attachment and expelled. It weighed two ounces (avoir.). Apparently the neck or constricted portion was attached near the fundus, the body of the tumor resting on the posterior surface of the cavity of the body. The hemorrhage ceased, and under the use of tonics the patient rapidly improved. Perhaps the persistent action of ergot might more frequently take the place of surgical treatment for tumors of this kind, with equally good results and less danger from hemorrhage.

#### Button Removed from Trachea Three Years After its Lodgement.

Dr. Bridge exhibited a button removed by operation from the trachea of a woman, with the following history: She was a native of Ireland, 40 years of age, and the mother of a large family, and had been troubled for about a year with a dry and harassing cough. She was sent to Dr. Bridge by Dr. Ormiston, of Brooklyn, in order that she might have an examination of her larynx, and if necessary have an operation performed. She had consulted six or seven physicians in Brooklyn, the majority of whom stated that she had consumption, basing their opinion upon the cough rather than upon any positive physical signs. Dr. B. could not, however, discover any physical signs of such a condition. Before asking her anything concerning her history, Dr. B. made a laryngoscopic examination. The larynx and pharynx were perfectly normal; but when the patient took a full inspiration and separated the vocal cords fully, a black substance was discovered in the trachea, and lying across it in a diagonally transverse condition. Dr. B. then learned that three years previously, the patient, while on a voyage from Liverpool to New York, and while playing with her child, and at the same time holding between her lids a button, the latter escaped down her throat during an inspiration. Immediately after the accident she had a number of suffocating spasms, which were undoubtedly due to the presence of the button in the trachea, but which ceased within an hour or two. The surgeon of the ship said that the button must have gone into the stomach, which opinion was endorsed by some of the medical gentlemen who afterwards saw her in Brooklyn. A year after the accident the patient was seized with a dry cough, which was attended with some wheezing in breathing. On discovering the foreign body

in the trachea, Dr. Bridge at once decided to operate, and the patient was accordingly admitted into the Trinity Infirmary. The button lay in such a position that it might have been readily seized with a pair of forceps, but as there was great danger of its being tilted during the struggles of the patient, and plugging up the trachea, demanding tracheotomy under very disagreeable circumstances, the safer course was taken of administering ether. The button was then easily removed. The patient left the Infirmary perfectly well ten days afterwards.—*The Medical Record*.

#### Bacteria.

Dr. Arthur Downes and Mr. T. P. Blunt presented to the Royal Society (England) the result of some very interesting observations on the effect of light upon bacteria and other organisms. The experiments were carried out in great detail, and their record is too lengthy to be given in full. The deductions to be drawn may be summed up as follows: 1. Light is inimical to the development of bacteria and the microscopic fungi associated with putrefaction and decay, its action on the latter organisms being apparently less rapid than upon the former. 2. Under favorable conditions it wholly prevents that development, but under less favorable ones it may only retard. 3. The preservative quality of light, as might be expected, is most powerful in the direct solar rays, but can be demonstrated to exist in ordinary diffused daylight. 4. So far as the investigation has gone, it would appear that it is chiefly, but perhaps not entirely, associated with the actinic rays of the spectrum. 5. The fitness of a cultivative fluid to act as a nidus is not impaired by insulation. The germs originally present in such a liquid may be wholly destroyed, and a putrescible fluid perfectly preserved by the unaided action of light.

In the course of the investigations it was observed that when bacteria appeared early and in large numbers in the solutions used, the mycelium of penicillium, or other microscopic fungi was rarely seen, the bacteria apparently preoccupying the ground; when, however, the development of bacteria from some cause retarded or prevented, tuft delicate mycelium were frequently found the solutions after they had been incased removed into diffused light. No mycelium however, appeared during the period of exposure of a solution, except under certain conditions, nor indeed afterwards if this sufficiently prolonged.

These gentlemen, therefore, infer that it may retard, or altogether prevent, the

pearance of mycelial fungi, but that its influence in this respect is slower and less powerful than upon the schizomycetes. They also suggest that this may explain, in part at least, the sparing distribution of bacteria in ordinary air, as compared with the prevalence of the spores of penicillium, etc., a fact observed by Burdon-Sanderson and others.—*The Medical Record*.

### Cleansing the Bladder without the use of the Catheter.

Dr. Berthole suggested last year a method of injecting fluids into the bladder without the use of the catheter. If a stream of water or other fluid is introduced into the urethra, it will, if entering under sufficient pressure, gradually dilate the sphincter vesicæ, and it may be caused to enter the bladder when through inflammation or otherwise the urethra is so sensitive as to prevent the passage of a metal or gum catheter.

In Dr. Berthole's method the patient sits on the floor with his back against the wall, thighs and knees turned out, and the toes turned in. A vessel is placed conveniently to catch any water which may escape. An irrigator with a long tube, with a stop-cock somewhere in its course, is placed upon a bench near by. The tube of the irrigator terminates in a canula of hard rubber twelve to fourteen centimetres long, and six millimetres in diameter, which is well oiled and inserted into the urethra; and the patient keeping this in place with the left hand can easily regulate the flow of the fluid with his right hand upon the stop-cock. When the latter is opened, the water usually penetrates into the bladder without the patient's being conscious of its entrance. So soon as he feels the desire to urinate, the stop-cock is to be turned off, as the bladder is then full. The patient can now empty the bladder at once or can retain the fluid some little time. The water should be warmed to the temperature of the body, and the best time for employing the injection is just before going to bed. A single injection, in cystitis, will thin the stagnant urine, and deprive it of its irritating quality.

In various diseases, water or medicated fluids may be injected by this method, which will, perhaps, make local treatment of bladder cases more frequent.—*The Doctor*.

### Russian Soldier's Bread.

An analysis of the bread issued to Russian troops in Bulgaria, showed that it contained sixteen per cent. of saw dust and fourteen cent. of sand.—*Hospital Gazette*.

## Notes on Current Medical Practice and Opinions.

### A Very Intractable Case of Vomiting During Pregnancy Treated by Tannin.

Diboné reports a case of this kind in the *Archives de Toxicologie* for September, 1877. The patient was a young woman, about 22 years of age, whose constitution was not very strong, but who had never had any serious sickness. The vomiting commenced very early in her pregnancy, but only became alarming after two months. All the usual means—such as iced drinks, alcoholic liquors, champagne, bitters of various kinds, antispasmodics, tonics, opiates, bromide of potassium, chloral, belladonna, &c.—were tried without benefit. Before resorting to the induction of abortion, it was determined to try tannin, which was given in the form of a pill, and in the dose of 1½ grain morning and evening. Two hours after taking the first pill, the patient was able to take a little soup, and this she did again in the evening. The vomiting was not entirely relieved, but lessened to such a degree that the nourishment could be taken and retained in sufficient quantity. An intense headache, which lasted for some weeks, also disappeared in a few days, and strength was rapidly regained.

### HYPODERMIC INJECTIONS OF ETHER FOR THE CONVULSIONS OF A TEETHING INFANT.

In *La Tribune Médicale* for January 6th, 1878, is a paper by Dr. Gallé on this subject. "An infant, aged seven and a-half months, who was just cutting the lower incisor teeth, began suffering with frequent and obstinate vomiting, diarrhœa, and subsequently convulsions. During the intervals when the child was not convulsed, it was comatose, and hence it was impossible to administer remedies by the mouth, even if the vomiting had permitted it. There was high fever, and pressure on the abdomen evidently caused pain. The face was pale, and wore an expression of suffering. The pulse was quick and respiration labored. There was evidently a subacute 'catarrhal state.' The convulsions were caused by the general trouble of the organism. There was also a slight pneumonia which was just developing. The chief indication was first, to arrest the vomiting and convulsions, in the second place, to reduce the temperature by bringing on free respiration, and finally, to lessen, as far as possible, the pulmonary trouble. Ten drops of sulphuric ether were in-

jected slowly in each thigh of the little patient, who seemed to feel the prick of the needles, though it paid but little attention to it. The convulsions did not appear again after the injections—at least the only two which occurred (ten hours after)—were so slight as scarcely to deserve the name. The vomiting ceased entirely, and the little patient fell asleep. A slight pneumonia of the apex of the right lung occurred, which was followed by an obstinate bronchitis; but after some time the child's health was entirely established. No local trouble occurred at the points of injection."

#### PHYSIOLOGICAL MEANS OF PREVENTING THE PRESENTATION OF THE SHOULDER.

M. Pinard (*La Tribune Médicale* Jan. 13th, 1878), after calling attention briefly to the danger, both to the mother and child, in shoulder presentations, states that for some years past, he has been endeavoring to determine the cause of such faulty presentations, with a view of preventing them. He claims that the cause lies in the too great laxity of the abdominal walls; and in proof of this, he calls attention to the fact that shoulder presentations are seven times more frequent in multiparæ than in primiparæ. The cause does not reside in an original malformation of the uterus. If this be true, he continues, by giving to a woman, whose abdominal walls are too lax, a band to wear during the latter part of pregnancy, the abnormal presentation of the child will be prevented. He states that in more than twenty cases, when shoulder presentations were recognized before labor set in, the mal-presentation has been rectified by the band, so as to cause the vertex to present. In only two cases where this means was resorted to, did it fail, and then version had to be practiced. In conclusion, he says that in every case where the head is not in the pelvic excavation during the last month of pregnancy, every means should be adopted to bring it there. (Barnes *Obstetric Operations*, pp. 65-99), when speaking of the results of a "pendulous abdomen," does not allude to the view expressed here by Pinard; nor does Keishman lay stress on this point; though, in speaking of the causes of shoulder presentations, he mentions "uterine obliquity" as one.

#### A CASE OF POST-PARTUM HEMORRHAGE TREATED BY "HYATT'S METHOD".

In the Virginia Medical Monthly of February, 1878, Dr. Woodley, of Kingston, N. C., relates the following case which is of great practical importance:

"I was called on the night of October 20th, 1877, to visit Mrs. M. T., aged 22 years, in

labor with her first child. I arrived at two o'clock, A. M., and was informed that she had been in labor since four o'clock of yesterday afternoon. At the time of my arrival the bag of waters had been ruptured, and the pains were recurring every twenty or thirty minutes. I made a digital examination, and found the head presenting left occipito anterior; os fully dilated, and the conjugate diameter less than four inches. I waited until morning, entertaining the vain hope that nature would be sufficient to effect a delivery. I applied forceps, and after continued efforts was unable to effect a delivery, owing to the large size of the child's head and smallness of the superior strait.

Finding it necessary to resort to craniotomy, and not having the necessary instruments with me, I sent for Dr. Hyatt to assist me. He came about 2½ o'clock on the 21st, and after examining the patient agreed with me as to the expediency of the proposed operation. In a short time we succeeded in delivering the head, allowing the body of the child to remain in the uterus and vagina. We were apprehensive of uterine inertia and post-partum hemorrhage; but we hoped that by waiting we would give the uterus sufficient time to regain power and remain contracted after it was emptied of its contents. After waiting about half an hour, we delivered the body of the child, and found the placenta attached to the fundus of the uterus, and hemorrhage began to be profuse. While I was delivering the placenta, Dr. H. gave the patient a dose of fluid extract of ergot.

The flooding continuing after the removal of the placenta and blood clots, Dr. Hyatt handed me a rubber bag, which I passed into the cavity of the uterus. After its introduction, I distended it with cold water by means of a Davidson syringe. I used about a pint and a-half of water, which was sufficient to arrest the hemorrhage completely. The bag adapted itself to the open ends of the bleeding vessels and completely sealed them. While I held the bag in the uterus, Dr. Hyatt kneaded the uterus through the abdominal walls. In a few minutes, contraction of the organ came on and expelled the bag. There was no further trouble, and up to the present time patient's convalescence has been in every way normal. This method of arresting post-partum hemorrhage is certainly the speediest, safe and most effectual to which I have ever resorted. During the last twenty years I have seen a number of cases of this alarming accident, and have used all the usual remedies recommended; but the method of treatment adopted in the case just reported gives the best result of any known to me. I would suggest to those engaged in the practice of ob-



rics to always be equipped with a number of rubber bags (Barnes' dilators will do), and a Davidson syringe. Then the doctor need not fear any case of post-partum hemorrhage which may be due to uterine inertia." The principle that Dr. Hyatt claims priority for is, not damming up the blood into the uterine cavity, but that of *elastic pressure* applied to the mouths of the bleeding vessels—just as pressure is usually applied to the open mouths of the divided vessels on the surface of the body. The India rubber bag is used simply because nothing else will give this elastic pressure. Even should the uterus be very flaccid, the bag can be distended to such an extent that it will fill the entire cavity. It is impossible for the uterus to be distended by this bag to a greater size than it was previous to the onset of labor; but the organ can be distended to such a size with the greatest safety, should so much distention be required before a sufficient amount of elastic pressure is brought to bear upon the open mouths of the bleeding vessels to seal them and thus check the hemorrhage. The number of cases which have now been treated by this method robs post-partum hemorrhage of its dread, and makes us masters of the situation.

#### HUMAN TEMPERATURE IN THE TROPICS.

We learn from the *Medical Times and Gazette* that Surgeon Major Johnston has made an extensive series of observations in India, on the subject of the normal temperature of the body in the tropics, and has found that, contrary to the general opinion, it is rather lower than the average temperature in the north. In one series of observations he found the mean axillary temperature to be 97. 63°, and in another 97. 74°.

#### BELLADONNA IN COLLAPSE.

Dr. Reinhard Weber, in the *Philadelphia Medical Times*, recommends the use of small doses of belladonna as more efficient in cases of collapse than camphor, musk, alcohol, and other stimulants usually prescribed to restore the failing action of the heart. Dr. Weber claims to have been the first to recommend the use of belladonna for this purpose. He es a physiological theory of its action, and reports his arguments by reports of several

#### STRYCHNIA IN BRONCHITIS.

a letter to the *Philadelphia Medical Times* of January 19th, Dr. Fothergill dwells some length on the great value of strychnia as an expectorant in bronchitis. By its action on the respiratory centre, it proves useful in increase of respiratory power is needed in the expulsion of mucus gathered in the air

tubes. He gives it either alone or in combination with the ordinary cough mixtures. On the same principle it has proved useful in chronic bronchitis, with emphysema, and in the dyspnea of advanced Bright's disease.

#### PLASTER-OF-PARIS DRESSING APPLIED IN FRACTURE OF THE CLAVICLE.

In Bellevue Hospital the house surgeon, Dr. W. L. Cuddleback, has devised a novel means of treating fracture of the clavicle by means of the plaster-of-paris bandage. The principle consists in retaining the arm of the affected side in an immovable position; and from the results obtained it would seem to offer some marked advantage over the other method. It has the advantage of leaving the clavicle open for inspection, and, if necessary, pressure can be applied to either of the fragments.

The detail of the method is as follows: The elbow is bent in the proper position, and the arm placed in the usual manner across the thorax, so that the clavicle is carried backward and outward. A pad of cotton-wool is then placed in the axilla, and an additional amount of wool beneath the hand where it rests on the opposite shoulder. The ordinary plaster bandage is then carried two or three times across the thorax and arm of the affected side, and then made to pass obliquely along the course of the forearm of the affected side from the olecranon to the hand. It is then passed obliquely down the back, and directly across the body, as when first applied. The bandage is passed, alternately, directly across the body, and obliquely along the forearm a sufficient number of times to make the shoulder perfectly immovable. To prevent pressure of the olecranon on the dressing, the elbow is padded with cotton-wool during the application of the plaster roller.

#### PRACTICAL NOTES ON HOG CHOLERA.

Prof. Wm. Osler, of Montreal, read a paper on the hog cholera, which was existing in Canada, and presented numerous specimens which he had prepared, showing the pathological appearance of the intestines. He said, the first symptom noticed in affected swine was an increase of the temperature from 103° to 110°, the normal temperature being 103°. Following this, the animal became heavy and thirsty. On the second week spots appeared on the abdomen. These spots, at times were complicated with extravasations. Diarrhœa subsequently appeared, but was not always present. The disease ran its course in three weeks, but in some cases it proved fatal in as many days. The disease was contagious, the elements of contagion being furnished by the breath, the emanations from the skin, and the discharges from the intestines. The

pathology of the disease was a vexed question, some holding that it was a species of typhoid fever, others that there was no resemblance to that disease.

The large intestine was most frequently the seat of lesion. In only two of the cases examined by Dr. Osler was there any change in the small intestines, and this consisted in the deposit of diphtheritic membrane. The most striking change in the color was a crust not unlike syphilitic rupia, which existed on the mucous surface. There was neither ulceration nor presence of inflammation around the crusts. In some of the cases, instead of the crusts there were noticed extravasations into the mucous and sub-mucous tissues; in others, pea-shaped elevations. The lungs were frequently found to exhibit the caseous form of broncho-pneumonia.

The treatment of the disease was unsatisfactory, and the only method of limiting the disease was by quarantining suspected cases, killing them when the disease became manifest, and thus stamping out the disease.

## MONTHLY SUMMARY.

### Physiological Treatment of Stuttering.

Very great success is reported as attending the treatment of stuttering by purely physiological training, according to the system of M. Chervin, of Paris. Three types of stuttering are distinguished: First, that occurring during inspiration; second, stuttering during expiration; third, stuttering during both these periods, and between breaths. The treatment is divided into three stages. The first involves various respiratory exercises, during which the pupil is first taught to make a long full inspiration and follow it by regular forcible expiration. Then the respiratory movements are made with various rhythms until they become full, regular, and easy, instead of being jerky, labored, and fatiguing. In the second stage of treatment, exercises with vowel sounds are substituted for the previous mute breathings, giving to each vowel the various modifications of tone, pitch, duration, etc., heard in conversation. The third stage comprises exercises on consonants, alone and in combination with vowels; at first slowly, then rapidly, varying the duration and pitch of each syllable, and passing from words of one syllable to those of two and more. Prepared by these exercises the pupil learns to articulate slowly and methodically short sentences, then longer periods and paragraphs, separating sentences and always beginning with a deep inspiration.

Twenty days of this treatment usually suffice for a perfect cure.—*Scientific American*.

### Contagion by Mail.

The London Telegraph has recently published a correspondent's letter, setting forth a remarkable instance of scarlet fever being communicated by a letter. A lady wrote to a friend to inform her that she was nursing her daughter, suffering from scarlatina. The friend after reading and burning the letter, gave the envelope in which it was contained to one of her children to play with. Shortly after, the child became sick of the same disease, which the physician traced to his own satisfaction to the affected letter. It might be suggested that an examination into the prevalence of contagious maladies among post office employees would throw some light on the danger of a possibly infected mail. One letter capable of communicating scarlet fever or small-pox would probably render every other missive in the same pouch equally dangerous as a disseminator of disease. At any rate it is on the safe side to send no communications from infected houses save those that are absolutely necessary, and these should be immediately burned.—*Scientific American*.

### A Remarkable Case of Morphine Tolerance by an Infant.

Dr. J. L. Little reports (Am. Jour. Obstet. April, 1878), a case where paregoric in small doses was administered to a child three weeks old, for the relief of suffering caused by an inflammation of the knee-joint. The child gradually bore larger and larger doses—the paregoric was changed to tr. opii. and this again to Magendie's solution. Soon the child obtained such a tolerance of this drug that, in a couple of months, from half a drachm to a drachm a day was necessary to quiet it. This state of things continued until the amount consumed by the child, then less than eight months old, was two ounces of Magendie's solution in twenty-four hours. The dose was gradually diminished at the rate of about three drops per day, and at the time of making the report, but ten drops were given at bed-time. The child's appearance improved very much; it is intelligent, and weighs sixteen pounds.—*The Hospital Gazette*.

### Proportion of Physicians to the Population.

Country.	Population.	No. of Physicians.	Proportion.
United States,	44,874,814	62,383	1 in
France,	36,100,000	19,902	1 in 1,
Great Britain,	32,412,010	19,385	1 in 1,
Germany,	41,060,695	13,646	1 in 3,
Austria,	35,904,435	14,361	1 in 2,
Canada,	3,575,577	2,998	1 in 1,

**Malt as an Antiscorbutic.**

Malt, as an antiscorbutic, had a reputation so far back as the reign of Elizabeth in England, for Hakluyt writes that hogsheads of ale were considered important adjuncts in victualing a ship in those days, and Glauber, the celebrated chemist, in a tract entitled, "Consolation for Mariners," written about the beginning of the seventeenth century, strongly advocates the claims of malt, or sweetwort, as a preventive or remedy for scurvy. Dr. Ralfe—so says the Lancet—has tried malt extracts in a case of scurvy in the Seaman's Hospital, with the effect of improving the patient, although partaking of a strictly "scorbutic" diet at the time.—*New Remedies*, Jan., '78.

Dr. W. Hutson Ford, of this city, has called attention (*vide* Clinical Record, Vol. II, No. 3) to the frequency of the scorbutic constitution in the country people of the West and South. This condition, we are confident, will be found present in many cases when carefully looked for. The extract of malt offers a very convenient means of combating it.—*St. Louis Clinical Record*.

**A New Revulsive.**

M. Lardy has introduced to the notice of the profession a new revulsive, the extract of pigments, which is noticeable for its rapid and prolonged action, and the active revulsion, without pain and itching, caused by it. In ten to thirty minutes it causes a redness of the skin, which increases for three hours and then remains stationary. The extract has a beautiful red color. It should be incorporated in an adhesive mass and applied on squares of paper, like mustard leaves. Care must be taken not to touch the eyes with the hands when they are soiled with the drug.—*The Medical Record*.

**Hypodermic Injections of Camphor in Insomnia.**

N. E. Wittich, assistant physician to the Lunatic Asylum of Heppenheim, near Tübingen, reports (Berlin, Klin. Wochenschrift, No. 11, 1878) success in the treatment of the insomnia of female lunatics, by camphor. He gives from  $1\frac{1}{2}$  to 3 grains in wafers by the mouth. He has also employed hypodermic a solution of one part camphor in ten parts of oil of sweet almonds with even better results. W. does not state how much of this solution he injects, but the quantity is probably the same as that used internally. He asserts that no irritation or inflammation follows this procedure, even after repeated injections. He recommends that the needle used be rather large.—*The Hospital Gazette*.

**New Explosive.**

It is stated that a new explosive agent has been discovered by Professor Emerson Reynolds, in the Laboratory of Trinity College, Dublin. It is a mixture of 75 per cent. of chlorate of potassium with 25 per cent. of a body called sulphurea. The new explosive is a white powder which can be ignited at a rather lower temperature than ordinary gunpowder, while the effects it produces are even more remarkable. It leaves only 45 per cent. of solid residue, whereas common gunpowder leaves about 57 per cent. It has been used with success in small cannon, but its chief use will probably be for blasting, for shells, for torpedoes, and for similar purposes. One of the advantages this powder possesses is that it can be produced at a moment's notice by a comparatively rough mixture of the materials, which can be stored and carried without risk so long as they are separate. The sulphurea, the chief component of the new explosive, was discovered by Dr. Reynolds about ten years ago, and could be easily procured in large quantities from a product of gas manufacture which is at present wasted.—*The Doctor*.

**Action of Bromide of Ammonium.**

Dr. Louis Brecheman, Jr., in the *Phil. Med. Times*, gives the account of some researches, from which the following conclusions are deduced from the experiments:—

1. The convulsions produced by poisonous doses of bromide of ammonium are spinal.
2. Bromide of ammonium produces paralysis of the receptive tract of the spinal cord, that is, of the part which receives and transmits impressions, and of the peripheral ends of the afferent or sensory nerves.
3. Death is produced by asphyxia.
4. The action of bromide of ammonium on the nervous system is, therefore, identical with that of the bromide of potassium.—*The Doctor*.

**Disadvantage of Salicylic Acid as a Dentifrice.**

Dr. Dobrowski reports, in the *All. Med. Central-Zeit.*, an unpleasant odour to the breath after long use of salicylic acid, either in mouth washes, or as a tooth powder. If salicylic acid remains in the mouth, it decomposes in very small quantity the sulpho-cyanide of potash, one of the constituents of the saliva whose function is to arrest decomposition in food debris. It is the odour of decomposition thus permitted which is communicated to the breath.—*The Doctor*.



**Senecio.**

BY DR. H. JUNGE.

Senecio is obtained from *senecio gracilis*, by making a strong tincture of 76° alcohol. Distil the alcohol until the liquid is of the consistency of a fluid extract; add to it several times its weight of water, and precipitate with a solution of alum. Wash the precipitate to free it from the alum, and dry in the open air, without heat. It forms a dark green powder, having a peculiar herbaceous, strong, unpleasant, senna-like taste and odor. Is soluble in water when triturated. It possesses the virtues of the plant in a high degree. It is emmenagogue, diaphoretic, tonic, alterative, expectorant and diuretic. Owing to the beneficial influence that it exerts over menstrual derangements, it has received the name of "Female Regulator." I have used it in amenorrhœa. If uncomplicated, there is perhaps no medicine more reliable than senecio in this affection. It operates mildly, and without producing any excitement; restoring the "catamenial flow" so naturally that the patient is scarcely aware of being under the influence of medicine. In obstinate cases, however, I have experienced better results by combining it with caulophyllin. But when the amenorrhœa is complicated with hepatic disease and constipation, then I combine the senecio with sulph. atropia and leptandrin. It is indicated in dysmenorrhœa, and acts as a special tonic upon the uterine organ; invigorating the menstrual function and restoring equilibrium of action in menorrhagia. This condition is one of complete passivity of the vital forces, technically called "vis inertia." Here this agent acts by restoring and equalizing the functional activity of the organs concerned in this affection. Its alterative and tonic properties render it an efficient agent in the treatment of chlorosis, in combination with iron and cimicifuga, and especially when there is a strumous diathesis.—*Chicago Medical Times*.

**Viburnum Prunifolium.**

The fluid extract of *viburnum prunifolium* is mostly employed as a prophylactic in threatening abortion, and in cases of habitual abortion, in doses of  $\frac{1}{2}$ –1 teaspoonful four times daily. In dysmenorrhœa, accompanied with pain and loss of blood, it greatly alleviates the symptoms if administered from a few days before, until a few days after menstruation. In cases of spasmodic or neuralgic dysmenorrhœa it should be combined with sedatives. The fluid extract should be prepared from the bark of the root and the young branches. The ordinary dose is 1.8 to 3.75 grammes ( $\frac{1}{2}$  to 1 drachm) every two to six hours.—*Gynæcol. Trans. in Ph. Zeit. f. Russl.—Med. Times*.

**Carbazotate of Ammonia.**

This salt and others containing carbazotic (or picric acid) acid have for several years past been experimented with by English medical men. Their published accounts seem to have shown it to be a full equivalent of quinia, and equally useful in the same class of diseases. Dr. Beaumetz, of Paris, not long ago reported five cases of ague and one of facial neuralgia (no doubt malarial), treated with carbazotate of ammonia, of which the following is the substance:

Case 1. Quotidian ague: recovery after four days treatment; daily dose, from one to two centigrammes of the substance in pills. Case 2. Quotidian ague (sulphate of quinine having been given without effect): complete recovery after five days; five pills used. Case 3. Tertian ague; recovery after eight days; two pills a day. Case 4. Quotidian ague; recovery after eight days. Case 5. Facial neuralgia; speedy recovery. Case 6. Tertian ague (sulphate of quinine has been administered during seventeen days with no result); completely cured after the administration of six centigrammes (about one grain) of the salt for two days. Like quinine, carbazotate of ammonia diminishes the rate of the pulse, and brings on heaviness, cephalalgia, and even delirium, and is eliminated by the kidneys. These experiments have again been repeated with similar results.—*The Druggists Circular*.

**Pruritus Vulvæ.**

Duhring, in his late work on skin affections, mentions most favorably camphor, chloral, and borax, variously combined:

R. Chloral..... grs. x to xxx.  
Water.....  $\frac{3}{4}$  i.

Used as a lotion to the parts:

R. Boracis..... 3 iv.  
Morphiæ sulphatis..... gr. viij.  
Glycerine.....  $\frac{3}{4}$  ss.  
Aquæ..... viiss.

M.

These preparations, a little weakened, may be used by injection. For this purpose the following has been found highly efficacious:

R. Nitrate of alumina.....  
Aquæ.....

M.

As an ointment the following is recommended:

R. Camphoræ,  
Chloralis hydratis..... aa  
Ungt. aquæ rosæ.....

M.—*Medical Record*.

### The Functions of Vine Leaves.

A continued series of investigations have convinced M. Macagno that a most important part in the formation of the fruit is performed by this portion of the tree. A vast number of analyses show that the leaves contain glucose (grape sugar) and cream of tartar, substances which enter largely into the composition of the grape. He found, in the month of June, in one kilo. of them 14.24 grammes of the former and 7.41 grammes of the latter. As the season advanced, those quantities augmented, until at the period of the vintage they had nearly doubled. He also found them in the branches, but in smaller proportions, and he concludes that the leaves are the laboratory in which the first material of the fruit is formed, and that from them it is conducted by the branches to the bunches. After the grapes had ripened, the quantity of the substances mentioned ceased, almost immediately, in the leaves. In consequence of those facts he recommends vine-growers to abandon the practice of *nipping*, which consists in suppressing, in the early part of July, the tops of the fruit-bearing branches, at three or four leaves above the highest bunch. In July last, he nipped twenty trees in a vineyard in full culture, and left the neighboring stocks in their natural condition. The analysis he made on the 27th of September showed that the latter had produced, per kilo., 620 grammes of pulp, while the others had only 581 grammes, and the proportion of saccharine matter was 175 grammes and 140 grammes.—*The Druggists Circular*.

### Dangers from Horseback Exercise.

Dr. Montzel, in the *Annales Medico-Psychologiques*, gives a description of the so-called "malady of the Scythians," a race who may be said to live on horseback.

The essential features of this disease are loss of virility at an early age, and an alteration in the skin of the face and body. The features resemble those of a woman, while the whole habits of life are changed, gradually approximating those of the opposite sex. The skin becomes wrinkled, the beard disappears, the body loses greatly in strength, and the patient often assumes the costume of a woman. The men among whom these patients are found spend a great part of their lives on horseback, and most authors agree in regarding this as the chief cause of the disease, giving rise to spermatorrhœa and habits of masturbation.

In this country, we have known young men who had to avoid horseback exercise, on account of its inducing in them the same results. —*Medical and Surgical Reporter*.

### Test for Codæa.

Some years ago O. Hesse confirmed the observation of Riegel and others, that codæa dissolves colorless in concentrated sulphuric acid at 20°, and observed that in the presence of impurities colored solutions are obtained; if the impurity consists of oxide of iron the solution will be blue. This has led to the adoption for certain opium bases of a test liquid, consisting of pure sulphuric acid, to which a very small quantity of ferric chloride is added. To succeed with the test, Hesse states that the codæa should be finely powdered and well dried; 2 or 3 milligr. of this was mixed in a clean test-tube with 1 to 1.5 cc. of pure H<sub>2</sub>SO<sub>4</sub>, when a colorless solution will be at once produced. The acid containing iron is used in a like manner.—*Arch. d. Phar.*

### Phosphide of Zinc.

According to Hager, this product, which is now used in therapeutics, can be prepared by the action of a current of phosphorus vapor over melted zinc in a current of hydrogen. It constitutes a grey crystalline mass, friable, and containing disseminated rhombic crystals. Its specific gravity is 4.72. At a high temperature it volatilizes; its melting point is higher than that of zinc. It evolves an odor of phosphorus when it is broken up in a mortar, and gives off phosphuretted hydrogen when dissolved in acids. It does not change in the air unless heated, when it is transformed into phosphate of zinc. It contains 25 of phosphorus for 75 of zinc. Its action upon the animal economy appears to be similar to that of phosphorus, now so fashionable a medicine, but is six to eight times less powerful, which is a great advantage. It can be administered in powders or pills, at the dose of 0.005 gramme to 0.01 gramme (0.08 to 0.16 of a grain). —*The Druggists Circular*.

### Relation of Brain Weight to Mental Ability.

Mr. C. Clapham says, in the last volume of the West Riding Lunatic Asylum reports:

"My observations agree with those of Wagner, that weight of brain does not indicate any close relation to intellectual power, and also that aboriginal races are not to be distinguished for smallness of brains. In fact, the ancient Britons, and I may add the ancient Gauls also, were remarkable for good sized, nay, even large brains." This statement is borne out by the testimony of the most competent craniologists of the day.—*The Druggists Circular*.

**Test for Impurities in Tannate of Quinia.**

After numerous experiments, Julius Jobst recommends to proceed as follows: 1 gram of quinia tannate is powdered, well mixed with freshly-slaked lime and the mixture dried in a water-bath. The resulting powder is extracted with chloroform, and this solution evaporated in a tarred beaker. The residue, dried at 120°, represents the total amount of alkaloids present in the tannate. The residue in the beaker is dissolved in a little water, acidulated with a few drops of diluted sulphuric acid, filtered if necessary, mixed with 3 or 4 cc. of ether and shaken with an excess of ammonia. If quinia alone is present the liquid will separate into two clear layers, while in the presence of other alkaloids a precipitate will appear, either at once or after a while; such a precipitate may then be further examined in the usual manner. An analysis of a so-called tasteless tannate of quinia gave 4.46 per cent. of quinia, 7.33 per cent. of cinchonidia and 11.97 per cent. of cinchonin (quinidia).—*Archiv der Pharm.*

**Belladonna as a Remedy for Collapse.**

Reinard Weber, M. D., recommends the use of belladonna as a restorative in collapse, for which it has been customary to administer camphor, musk and alcoholic stimulants. He has also employed it as an antidote to the toxic effect of digitalis, and reports a case in which a fourth of a grain of the extract had the effect of removing symptoms of collapse from digitalis. In a case of gastro-enteritis in a woman aged 41 years, a grain of the extract, with twenty drops of tincture of opium and  $\frac{1}{2}$  drachm of chlorate of potash, relieved the symptoms of failing heart-action. And in a third case of a little girl of six and a-half years,  $\frac{1}{4}$  of a grain relieved the coldness of the surface, difficult breathing, and bronchial congestion occurring in the fourth week of a typhoid fever. He expresses his belief that, when used in medium or small doses, belladonna, through its action on the vaso-motor system, will be of service in cholera collapse.—*New Remedies.*

**Antidote to Carbolic Acid.**

On the recommendation of Prof. Baumann, Dr. Sanftleben used sulphuric acid in several cases of poisoning by carbolic acid with the best success, the phenol combining with the acid to form phenyl-sulphuric acid, which is not poisonous. He administered it in a mixture composed of diluted sulphuric acid 10.0, mucilage of gum 200.0, and simple syrup 30.0 grammes, in doses of a tablespoonful every hour.—*Pharm. Ztg. f. Russl.*

**Treatment of Ascarides.**

"As regards treatment, santonin has been my unfailing resource in both forms of worms, and the longer I employ it the more implicit confidence do I place in it. My method is that adopted by the late Dr. John S. Parry (in whose service in the children's wards of the Philadelphia Hospital, I first saw santonin administered), viz., to give one grain for every year of the child's age, though seldom increasing the dose beyond five grains. I am usually in the habit of ordering five powders made with an equal quantity of pulverized sugar, which may be placed dry upon the tongue, and which children swallow with avidity. Of these, one is to be taken every night and morning until all are gone, when a dose of castor-oil or other simple purgative is given. Heller recommends it in doses of from one-third to one and a-half grains, the latter dose only to a grown-up person; but these, I think, are too small to get the full effect of the drug, and he himself acknowledges that, except in large doses, it is quite innocuous. I remember one case in which I ordered in four or five grain doses, when the German druggist, to whom the prescription was taken, brought it back to me in great consternation, fearing that I had made some frightful mistake, and that the child would surely be killed if it took the medicine.—*Louisville Medical News.*

**Duquesnel's Medicinal Pencils.**

These are made in the following manner: Take equal parts of gutta percha, and the medicinal substance (such as alum, tannin, etc.), and having heated the former to about 100° C., in an iron or copper mortar, mix the two thoroughly together, and then roll the mixture into cylinders by means of glass or metal plates. The pencils thus formed, when brought into contact with the mucous membranes, leave upon these a portion of the medicinal principles which they contain.—*Union Med.*

**The Dose of Caffeina.**

According to Nothnagel's "Arzneimittelehre," citrate and lactate of caffeina usually given in Germany in doses of .05 to gram, but French physicians commence with doses of .5 and increase the dose to 2.0 or even 4.0. Dr. Kelp repeatedly gave doses of 12 grams four times daily without apparent injurious effects, and Dr. Wolff states that dose in migrana to be .2 to .4 gram seven times a day.—*Pharm. Ztg.*

## EDITORIAL.

We have received several letters since the publication of the interesting case of INTRA-OCULAR DISEASE in last month's Journal, asking the address of the author. Any communications addressed to DR. CHARLES A. ROBERTSON, ALBANY, N. Y., will reach him, and he will be most happy, we have no doubt, to answer fully any points the Profession desire information on.

## Fluid Extract of Ergot.

Dr. BLAISLEE of Contocook, N. H., writes us: "Through your kindness I received the Fluid Extract of Ergot, 'Formula 1874,' and in the last few months have had ample opportunity to test its merits, and am thus glad to add my testimony in its favor. I have had several cases that have come into my hands where the ordinary forms and preparations of Ergot called Fluid Extract have been used without benefit, and in many instances have been told that it was unwise to continue the remedy after the repeated trials and failures; but invariably upon using your preparation of 1874, the relief has been prompt in every instance, fully sustaining its high reputation for reliability, and all that you claim for it as being a true representative of Ergot.

Dr. Guyer, Pres. of the Frederick Co. Va. Med. Society, also commends its reliability in his letters to us, and we might submit these sentiments to an almost unlimited extent; it is, however, entirely unnecessary, as the Ergot of 1874 commends itself to the confidence of those who use it in a permanent way by its effectual action.

We are asked frequently, why it is superior to all others, and why others cannot make it as good and true as we can and do. This we cannot explain, except that it is the want of experience, skill, and disposition. The mistake made, is by assuming that *tinctures* and *percolates* are just as good as a fluid extract which should represent a given amount of active principle. There is a class of manufacturers who use glycerine extensively in the preparation of what they call fluid extracts, which, however highly recommended, is a pernicious system, and ought to be discarded. Such manufacturers are safe, in that the methods we usually employ to test fluid extracts will not apply, the examination of such involves much more trouble. We

never have allowed glycerine in any form, from its first suggestion, to be used in our laboratory in fluid extracts, and never shall. Its only possible use is to dissolve or take up flavors, extractive or inert matter. It does not, like alcohol and its dilutions, reach and secure in the preparation the essential active principle to any extent, and when employed and present it is quite impossible to determine by the ordinary method, whether the preparation contains twenty-five or fifty per cent. of the active principle; and here we will state we have never examined any preparation that exceeded sixty per cent. of what it should contain, while some were down to thirty per cent. Such preparations have a smooth and clever appearance, and are calculated to deceive the physician. Any physician can put a little of a fluid extract on a watch glass and place it in a warm place; the alcohol will evaporate, and if glycerine be present, the article will never become solid by drying. Physicians must learn to discriminate concerning these preparations, and make a decided demand for those manufactures they prefer, and not only demand but insist upon the article they know will not only sustain their own reputation as medical men, but the science of medicine itself. It is the only way to sustain the medical profession as against the self-constituted quacks of the present time.

Many *druggists* and apothecaries put up *tinctures* or *percolates* and call them fluid extracts, many of which are not half strength, and they reach the physician as *standard full strength* articles. This has grown upon the theory that "the doctors don't know the difference." It is time they disposed of this insult to the profession by discriminating action.

The following Extract from the Report of the Committee of the American Pharmaceutical Association on Adulterations, fully sustains our remarks:

"*Fluid Extracts* offer the same facilities for the exercise of this most reprehensible business. Weak fluid extracts are not rare, but as they can generally be traced to the manufacturer, his reputation is apt to suffer. Nothing can be done in the way of testing the most of them by chemical means, and the manufacturers, knowing this, have a screen to hide behind. But as in the case of powders and extracts the only reliance is on the character of the men who make them. The writer is acquainted with a manufacturing pharmacist who made *Fluid Extract of Ergot* for the same price that the *crude drug* was selling for in large quantities. This, of course,



could not be ounce for ounce, and it would barely pay such a manufacturer to make two ounces of it represent an ounce of the drug. His defence was that a wholesale druggist had limited the price of two hundred pounds of the fluid extract, and he was going to make it for him at his price, and of course the druggist was alone responsible, the manufacturer not troubling himself with what the druggist was going to do with it. Think of a physician relying on a dose of such a fluid extract in a most critical case! a thing almost sure to occur."

### Chemical Equivalents.

We publish an interesting and able paper on the wonderful law of chemical equivalents, that our readers may understand how chemical combinations are regulated; and when it is stated that a given article is prepared according to the law of equivalents, it will be understood that the elements are united in exact proportions, and a reference to the tables in standard works, will enable our readers to make their estimates of proportions and properties, and determine its application as well as the quantity to administer.

A study of this interesting law of affinity is instructive in another respect—to guard the physician against pretentious analysis, because he can at once construct a table for himself, and see whether the elements stated to be present can have different chemical relations with each other so as to associate under the laws of combination; if not the analysis is worthless.

Thus, Iodide of Potassium.....	165.5
Iodine.....	126.3
Potassium.....	39.2
	<hr/> 165.5
Bromide of Potassium is. ....	117.6
Bromine .....	78.4
Potassium....	39.2
	<hr/> 117.6
Iodide of Calcium.....	146.3
Iodine .....	126.3
Calcium.....	20.
	<hr/> 146.3
Bromide of Calcium.....	98.4
Bromine .....	78.4
Calcium.....	20.
	<hr/> 98.4

### Fluid Extract Gelseminum.

BY O. P. BOLLINGER, M. D., NEWPORT, PERRY Co., PA.

I have used the above remedy ever since its introduction in the healing art, and must with all candor say, as a febrifuge and relaxant, I have never found its equal. I do not intend to enter the arena of medical controversy respecting its *sedative* or *non-sedative* properties, suffice it to say it has done wonders in my hands, in allaying fever, both Malarial and Bilious and also Typhoid fever, to the exclusion of Quinine sulphate.

In over-doses it *paralyzes* the action of the heart, stops respiration in the same manner and death ensues. Whether sedation produces paralysis, or paralysis sedation, I know not, but this much I do know, that death will follow overdosing. Therefore we can look upon it as a remedy possessing power, for good or for evil.

In looking over my case book, I find numbers of cases treated mainly by the Fluid Extract, as manufactured by Tilden & Co.

Case of W. B. aged 11—Typhoid Fever—Aug. 15th, 1874. Pulse 116, hard tongue, heavy white coating, skin intensely hot and dry, delirious—bowels relaxed—stools thin and very offensive. Pres.—ol. Ricini, Terebinth and Tr. Opii., follow with Fl. Ext. Gelseminum, gtt. 5 every three hours until its effects of relaxation are noticed.

Aug. 17. Pulse 116; somewhat softer; more rational; bowels more regular since the oil operation. Aug. 19 to 25. Much the same, only that the pulse became softer and the skin losing that intense heat, so peculiar to this disease. Aug. 26. Pulse 112; the skin feels like getting moist; coating on the tongue looks somewhat flaky, showing a disposition to clean. Aug. 30. Pulse 100; tongue cleaning; skin moist betimes; looks brighter, but no appetite; has eaten nothing since taken sick; refuses beef tea, &c., is finally persuaded to drink some sweet milk. He had no fever after the twentieth day of his disease; continued milk diet for at least ten days, until he could take other food.

In this case I used Dover's powders with alterative doses of Hydr. Chlor. Mite to procure night rest, and also occasional doses of Ol. Ricin. and Terebinth, to remove flatus and procure some action of the bowels when necessary. Also Sol. Quinia Sulph. as a tonic after subsidence of fever.

This case was looked upon as hopeless by the family and friends. Gelseminum was my main reliance in this and in numbers of other cases with results that were beyond my expectations. I treated some fifty or sixty cases without a single death.

**Case of C. T.—Bilious Colic.** Was called early on the morning of Jan. 4th, 1875; found patient doubled up in bed groaning with pain; had an attack a few years previous which lasted two days and nights, his physician giving him Opium and Terebinth and a host of remedies without avail; was afraid this would be another such a scrape as he termed it. I prescribed gtts. xxv. Fl. Ext. Gelsem. in mint tea; repeat the dose in twenty minutes; in forty minutes from the first dose he was free from pain, and laid down and slept an hour or more, then ordered castor oil  $\frac{3}{4}$  ss.; discharged cured.

In threatened *Tetanus* it has acted promptly and efficiently in my hands; also in *Congestion* of the *Lungs*, but not so promptly as Fl. Ext. Ergot. I consider the Ergot superior to anything I ever used in the last named disease. Gelseminum is the remedy for fever.

### Quinetum.

Dr. H. J. VINKHUYSEN, physician to the household of the king of the Netherlands, writes to *The Practitioner* of February, regarding his experience with the collective alkaloid from Peruvian bark, called quinatum. He has used it in one hundred cases, and formulates his conclusions as follows:

1. The only malarious disease in which quinatum cannot be employed in place of quinine is pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, quinatum cannot be used in it as a substitute for quinine.

2. In all forms of pure malarial intermittent fever, quinatum has the same pyretic effect as quinine, but is less powerful, and acts more slowly. It must therefore be given in large doses and at longer intervals before the ague fit, than quinine.

3. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

4. Quinetum never causes noises in the ear,

5. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without this unpleasant effect, and yet obtain a similar therapeutical result.

6. The influence of quinatum in chronic cases is greater than that of quinine.

7. The tonic action of quinatum is similar and perhaps even greater than that of quinine.

8. The action of quinatum in cases of masked or larval malaria, and especially in rheumatic affections due

to malarious influences, is incomparably greater than that of quinine.

### Paris Exposition.

This exhibition is said to be far the largest that has yet been held. The temporary building in which the exhibition proper will be held covers a space of 420,000 square metres.

That foreigners may better understand the characteristics of the indigenous materia medica of the United States, we have placed on exhibition almost every crude article of indigenous growth recognized of any value, and used by the American profession, and preparations of them as used here: as Fluid Extracts, Solid Extracts, Active Principles, Pills, &c., in all over one thousand bottles. The *Chemist and Druggist* of London, remarks as follows:

"Messrs. TILDEN & Co., Chemists and Pharmacutists, of New York, occupy a large space, some 20 feet square, and have erected a bold pavilion wherein they show specimens of their many products for physicians' use with crude drugs, native herbs, &c. They are represented at the exhibition by Dr. Merkel."

### Bromo-Chloralum in Burns.

We take pleasure in publishing a condensed report of a paper read by H. D. JONES, M. D., of East Chatham, N. Y., at the last meeting of the Hudson River District Eclectic Medical Society. When the paper appears in regular course in the published Transactions of the Society we will lay it before our readers in full.

"Was called in haste to see Nellie K., a little girl of three years, who had just been scalded by having a dipperful of boiling water accidentally thrown upon the back of her neck. I hastened to the house, not forgetting to take with me my usual remedy in such cases—Bromo-Chloralum. Removing the clothing I found the neck and shoulders badly blistered, and from nearly as much surface as I could cover with my two hands the cuticle was entirely removed. I immediately applied sweet oil to the abraded surface, covering the whole with several thicknesses of soft cotton cloth saturated in Bromo-Chloralum and water equal parts, directing that the cloths should be kept wet with the same, keeping the air excluded as much as possible.

In half an hour the child was asleep; no inflammation supervened. In five days' she was well."



### The use of Bromo-Chloralum in the Lying-in-Chamber.

A case of a patient thirty-eight years old, primipara, breech presentation, labor natural, except extensive laceration of the perineum, embracing the recto-vaginal walls upward, to the extent of an inch in the rectum. The lacerated surfaces were immediately washed with Bromo-Chloralum and water, one to six, sutures applied embracing all the integuments, and a compress wet in Bromo Solution applied to perineum, and kept constantly applied, and injections of Bromo solution per vaginam twice per day. The bowels were moved on the eighth day by injection of castor oil, moving the bowels freely with an escape of a small quantity of the fluids into the vagina. Treatment continued for one week longer, and then the bowels were again moved as before with no escape of fluids from vagina, a perfect union of the parts having taken place.

We ascribe much of the success in this case to the application of the Bromo. We would also call the attention of the profession to the use of the Bromo in all cases of Puerperal Fever, and as an agent to prevent it, if used at a suitable time.

Bromo properly used in the Lying-in-room, is not only medicinal, preventing and curing some of the maladies incident to the parturient woman, but also hygienic by way of destroying all odors and keeping the air of the room perfectly pure.

### Bromo-Chloralum.

Extract from letter of S. H. POTTER, M. D., Hamilton O., May 11, '78.

"I feel it a conscientious duty to stimulate our whole profession, to patronize your highly useful establishment. In my opinion, there is no other institution in existence whose proprietors have done, and are doing so much for practical investigation and variety of remedial means, with which to benefit the sick, and what is best of all, your supplying the cheapest and best disinfectants for use in our important sanitary regulations, in warding off and crushing out infectious maladies, and alarming epidemics."

### Ophthalmia Tarsi treated with Elixir Iodo-Bromide of Calcium Comp.

Letter from Dr. J. R. TURNER, Burlington, Ind.

Let me say to you that the Elixir Iodo-Bromide of Calcium Comp. has cured our son of Ophthalmia Tarsi. He would get so bad with this troublesome affection that he could not see.

I have used everything suggested in medical works, and by the profession in such affections. He is of scrofulous diathesis. One bottle cured him.

Extract from letter of W. C. BOONZ, M. D., Plainfield, N. J., April 10, '78.

"I have used the Elixir Iodo in several cases of Chronic Nasal Catarrh and Deafness resulting therefrom, with success."

Extract from letter of W. S. BEEBE, M. D. Susquehanna, Pa. April 30th, 1878.

"I believe the Elixir Iodo will prove one of our most valuable remedies. I have been using it in a few severe cases of Catarrh with persistent headache. It is already the means of relief, and I shall expect a cure."

### Extract of Malt.

Extract from letter of Prof. POLK, April 11th, 1878.

"Your preparations of Malt give the highest possible degree of satisfaction, and are all that preparations of malt can be.

I gave the bottle of Ext. Malt and Iodo-Bromide of Cal. Comp., to a street car driver suffering from syphilitic laryngitis, and it has acted like magic, dissipating every indication of the malady; it seemed to be the very thing his case required."

"Dr. G. C. BLAISLEE, Contocook, N. H., writes: The Extract of Malt I had occasion to use in my own family, and was such a remedy as I always desired. Until this came I have failed to get it. I believe it to be the *sine qua non* for cures of irritable stomach, accompanied by distress and pain, especially with sleeplessness."

DIPHThERINE has proved a valuable remedy in all cases of Sore Throat, from the most simple to the more severe—assisting and aiding.

Extract from letter of D. S. DONALDSON, M. D., St. Helena, Napa Co., Cal., May 14, 1878.

"I find the Journal of Materia Medica to fill up a void which I have often felt in the pursuit of my profession. It is an admirable publication and I wish it success."

Extract from letter of S. G. HARVEY, M. D., Julian City, Cal., April 14, 1878.

"Please find subscription for Journal \$1.00. I find that owing to 'hard times' I must do without many things, but the Journal is a necessity.

Extract from letter of W. L. ABBOTT, Esq., Druggist, Shelby, Ohio, May 18th, '78.

"I have been making a specialty of your Fluid Extracts and Sugar-coated Pills for the past four years, both of which give entire satisfaction."

# THE JOURNAL OF MATERIA MEDICA,

A Monthly Journal Devoted to  
MATERIA MEDICA, PHARMACY, CHEMISTRY,  
AND NEW REMEDIES.

New Series.]

July 15, 1878.

[Vol. XVII.—No. 7.

## American Medical Association.

TWENTY-NINTH ANNUAL MEETING.

*Held in the city of Buffalo, June 4, 5, 6 and 7, 1878.*

*Tuesday, June 4th.—First day.*

The Association met in St. James' Hall, and was called to order at 11 A. M., June 4, 1878, by the President, Dr. T. G. Richardson, of New Orleans, La.

Prayer was offered by Rev. L. Van Bokkelen, M. D.

The President invited Drs. S. D. Gross, of Philadelphia; Bowditch, of Boston; N. S. Davis, of Chicago, and J. M. Toner, of Washington, to take seats upon the platform.

Dr. Thomas F. Rochester, of Buffalo, Chairman of the Committee of Arrangements, then delivered the

### *Address of Welcome.*

In the name of the citizens of Buffalo and of Erie County, he extended a most cordial welcome to their city, to their hospitality, and to all that was in their power to offer towards the reaching of three objects for which the Association assembled:

1. The general good and advancement of medicine;
2. The making personal acquaintance with each other;
3. The taking a little of what was so often prescribed—namely, wholesome recreation.

To that end a most cordial welcome was extended to visit the various public buildings in the city, the prison, the almshouse, the Niagara elevator, the hospitals, the Institution for the Instruction of the Deaf and Dumb, the Medical College with its museum and laboratory, the public parks—in short, the physicians of Buffalo, through Dr. Rochester, resolved themselves into a "committee of the whole," and placed themselves at the service of the American Medical Association.

The report of the Committee of Arrangements on

### *The Credentials of Members*

was read by the Secretary of the Association, Dr. Atkinson, of Philadelphia. As the names were read it was seen that a large number of the States were represented.

### *Charges and Protests.*

Dr. P. J. Dwyer presented charges against the Medical and Surgical Society of Grand Rapids, Michigan.

The Arkansas State Medical Society presented a protest against the admission of certain members from Hot Springs, Arkansas.

Also a protest against the acceptance of Dr. James M. Keller, of Arkansas, as a member of the Association.

Dr. Keller rose to a question of privilege, and made explanation to the effect that the man who made the protest against his (Dr. K.'s) acceptance by the Association was the man who had been expelled from the Arkansas State Medical Society upon charges preferred by himself (Dr. K.)

The charges and protests were referred to the Judicial Council.

### *Members by Invitation.*

Dr. Rochester made the following announcement of members by invitation: All the members of the Erie County Medical Society not now delegates or permanent members of the Association; Drs. George W. Stone, United States Marine Hospital Service; F. Lange, Kiel, Germany; and Edward Hutchinson, of Utica, N. Y.

### *For Permanent Members.*

Drs. George I. Northrup, of Marquette, Mich., Stanford E. Chaille, of New Orleans, La., and L. G. Thacker, of Defiance O.

The report was adopted.

### *Telegram from Dr. J. Marion Sims.*

The Secretary read the following telegram from Dr. J. Marion Sims, now in Paris:

"President American Medical Association—May your meeting be harmonious and contribute more than ever to the advancement of medicine. Truly sorry I cannot be with you."

*President's Address.*

Dr. James P. White of Buffalo, Chairman of the Reception Committee, introduced the President, Dr. Richardson, who proceeded to deliver the annual address.

The vast benefits which the Association had wrought in uniting the interests of the profession in all the different sections of the country; the encouragement which it had given to a higher culture; the valuable contributions which it had made to some departments of medicine, and the dignified position which it had gained in the eyes of the whole nation, had been so often descanted upon by his predecessors, that it might seem somewhat trite and unprofitable to refer to them again; and yet there was one point which deserved to be brought to the attention of the Association anew, and that was

*Medical Education.*

Although more than a generation had passed away since the first meeting of the Association in the city of New York, but few of the original members clustered around the venerable form of him whom we all delighted to honor as its projector and the ever-watchful-guardian of its interests. The two most prominent objects in the minds of the earnest men who composed that assembly were the improvement of the system of medical education in the United States, and the elevation of the standard of requirement for the professional degree. It was equally well known that, down to within a very few years past, all the numerous efforts in that direction seemed to accomplish no permanent good, and the philanthropic and enthusiastic reformers, with the exception of a few hopeful and unconquerable spirits, had come to consider the cause as almost wholly lost. Although the result has been so discouraging, yet the Association was to be congratulated upon the evidences, which were now developing, that its work had not been in vain. It was true that the method of mixed teaching practiced by the schools more than half a century ago was generally followed; but it must be clear to all unprejudiced observers that there was a growing dissatisfaction with the imperfections of that method, and a disposition to adopt the only philosophic plan, known as the graded system, which prevailed throughout all the other civilized nations of the world. We had just found out that the plan which we formerly pursued of making war directly upon the medical colleges, endeavoring to compel them to conform their practice to our theories, or else surrender the prerogatives to which they had been so long accustomed, was altogether a mistake, and probably deserved the partial defeat which it encountered.

It was only by capturing the grand army of the profession throughout the country, from which the colleges derived their material and moral support, that we could reasonably hope to bring those institutions to terms. To that end there should be a more

*Thorough Organization.*

of State and County District Societies, and the President suggested that the Association adopt some uniform plan by which the sixty thousand physicians in the country might be encouraged to unite in district organizations, and through their representatives establish a living union with this, the central legislative body. When that was effected, no honest faculty would dare confer a diploma upon an unworthy candidate.

Leaving this subject, Dr. Richardson passed to the consideration of the question of

*Original Investigation.*

In view of the very small amount of work that had been done in that direction in this country, it was suggested that it might be the duty of the Association to do something more than it had done to foster the spirit of investigation and discovery in those departments which related directly to medicine.

*Methods Suggested.*

Two methods of effecting that were suggested. One was to endeavor to concentrate the influence of the entire profession throughout the country upon the Federal Congress, with the view of convincing its members of the importance of scientific enterprises.

He was not prepared to propose a plan sufficiently elaborated to justify submitting it to the Association with a view of having it brought before the authorities at Washington. Yet it seemed to him in the Army Medical Museum and Library the general government had, unintentionally no doubt, already founded a school, which, through the influence just indicated, might possibly be made the nucleus of a great National Institute, in which original research in all the sciences upon which medicine more immediately drew could be conducted with the same wisdom and efficiency which characterized its present management.

The second method suggested was to incorporate the Association, and then stimulate to original investigation by offering prizes.

The President then passed to the subject of

*State Medicine.*

The objects of State medicine were three-fold:

1. The prevention or arrest by official measures of all diseases which were not in their nature strictly limited to the individual, but which, from external causes, or from their specific characters, had a tendency to spread

throughout families, institutions, and communities, and which could not be otherwise controlled.

2. The qualification of men by suitable education for the duties involved not only in the practice of medicine, but also of public hygiene, the State not only directing the studies which they should follow, but determining by examination when they had reached the standard of acquirement necessary for the proper performance of their great trusts.

3. The enactment and enforcement by the State of such laws as would secure to every citizen the benefit of the services of the best professional experts in all questions of a medico-legal character.

With a view of arriving at desired results in that department, it was suggested that a committee of leading sanitarians be appointed to prepare a somewhat elaborate address to the profession and the public, setting forth the transcendent importance of the subject, presenting a summary of sanitary science, pointing out the best methods of studying and teaching the same, and demonstrating the great benefits to be derived therefrom by the individual and the community in general. Without attempting to portray the special features that should appear in such an address, Dr. Richardson took the liberty of saying that it should not omit to insist upon the great necessity of teaching the young not only the laws of health, but the elements of physiology, which were essential to a proper comprehension of the principles of hygiene.

It had been proposed not to await the necessarily slow march of sanitary intelligence among the people, but to petition the Federal legislature at once to create a sanitary department in the general government, with an officer at its head who should be assisted in his duties by a

#### *National Council of Health:*

composed of members from every State in the Union.

Dr. Richardson, however, believed there were but two great questions in State medicine which we could reasonably hope to have solved by Federal legislation. One concerned seaboard quarantine, and the other the pollution of water-courses. It was doubted by many eminent statesmen whether even those could be brought under Federal control; and yet the recent passage by Congress of "an act to prevent the introduction of contagious and infectious diseases into the United States," encouraged us to hope that something might be expected from that quarter.

Whatever doubts there might be as to the extent of the authority possessed by the central government, there seemed to be no dis-

pute that within the limits of each separate State resided a power which, with reference to all such matters, was practically supreme. It was, therefore, upon that power that the State societies should concentrate all their influence, professional and social, to effect the necessary legislation. They should employ their best endeavors to have

#### *State Boards of Health*

created where they did not at present exist, and they should by all means secure the right of nomination for appointments upon such boards. Whatever plan, however, might be advocated by societies, it should be borne in mind, in recommending legislation, that while it was true that a people ignorant of even the elements of hygiene could not be brought under sanitary legislation except by restraint, such restraint should be used with the greatest caution and moderation, and be sustained by an appeal to the common sense of those to whom it was applied. He therefore repeated with added emphasis the sentiment already expressed, that the hope of progress in State medicine was in the education of the people.

On motion made by Dr. Gross, the thanks of the Association were tendered to Dr. Richardson for his admirable, excellent, highly elaborate, and eloquent address.

On motion made by Dr. White and seconded by Dr. Gross, the President's address was referred to a committee of five, of which the President was chairman. The remainder of the committee consisted of Dr. Richardson's four immediate predecessors.

#### *Reports of Delegates.*

Dr. William Brodie, of Detroit, made a report as delegate to the Canada Medical Association.

Special mention was made of a paper read by Dr. James Workman, of Toronto, on "Crime and Insanity," which was read in the general meeting, and, after a full discussion, led to the adoption of the following resolution:

"Resolved, That, in the opinion of this Association, it is desirable, in all criminal trials, when medical opinion suggests the possibility of mental unsoundness, the accused should be placed under the supervision of experts for a sufficient time to enable them to determine whether he or she was insane or not at the time the crime was committed."

Dr. Lewis A. Sayre, of New York, made a brief verbal report as delegate to the British Medical Association, which met in Manchester, in July, 1877.

#### *Uniformity of Observation and Record.*

Dr. E. Seguin, of New York, made a report as delegate to the International Medical Congress of Geneva:

The delegates of the American Medical Association to the International Medical Congress of Geneva were charged: "To advocate the adoption of a progressive uniformity of means of observation and record, with the concurrence, if possible, of the members of this Congress who would be found there engaged in advocating the application of uniformity in this and other departments of science."

The question was brought before the British Medical Association, and also before the French Association for the Advancement of Science prior to the direct mission at Geneva. The subject was carried from the Section of General Medicine to the General Congress, and the following resolutions were adopted:

For physicians and Surgeons, the principle accepted by the Congress is a gradual international uniformity of their nomenclatures, scales, measures, calibres of instruments; of the records of private and hospital practice, of physiological experiments, of medical climatology, barometry, thermometry, statistics, etc.

In pharmacy the Congress of Geneva has accepted the conclusions voted at St. Petersburg and Brussels, as presented by Profs. Gille and Matsen:

1st. The adoption of a universal pharmacopœia, to be written in Latin.

2d. The decimal system for weights and measures, and the Centigrade scale for temperatures.

3d. A uniform nomenclature (probably that of Berzelius).

4th. The chemical preparations to be of determined strength and purity, and the pure drugs to be of essayed strength, if possible.

5th. The Galenic preparations made as simple as possible, and described according to a uniform plan.

6th. The other pharmaceutical preparations to be made uniform (that is, those which are powerful, like tincture opii, aconiti, nucis vomicæ, hashish, podophyllin, elaterium, etc).

7th. Physicians to be left free and responsible for the non-official ingredients and doses of their magistral prescriptions.

MARION SIMS,  
THOMAS DRYSDALE,  
EDWARD SEGUIN.

The reports were all accepted, and referred to the Committee of Publication.

The Association then adjourned to meet on Wednesday, at 9.30 A. M.

#### *Wednesday, June 5th.—Second Day.*

The Association was called to order at 9.30 A. M., by the President, Dr. Richardson.

#### *Members by Invitation.*

Dr. Rochester reported the names of the following gentlemen as members by invitation; Drs. Bray and Murphy, of Chatham, Ont.; J. E. Graham, M. D., of Toronto, Secretary of the Toronto Medical Society; Dr. T. Mack, Dr. T. Clark, of St. Catherine's; Dr. McCargo, of Caledonia, Ont.; Dr. Dunn, of Lodi, N. Y., and Dr. George Rightmire, of Jacksonville, N. Y.

#### *For Permanent Member.*

Dr. Wm. S. Tremaine, U. S. A., Fort Dodge, Kansas.

Drs. Clark, Trenholme, and Botsford, delegates from the Canada Medical Association, were invited to take seats upon the platform.

#### *Reports From the Judicial Council.*

The following report was presented by the Judicial Council:

The charges against Dr. J. M. Keller, presented by Dr. G. W. Lawrence, were dismissed as being unworthy of any consideration.

The charges against the Society of Grand Rapids, Mich., presented by Dr. P. J. Dwyer, were unsubstantiated and unaccompanied by witnesses and testimony whereby the Judicial Council might be able to act.

The Arkansas petitions referring to the State Medical Society were dismissed without action.

The charges against the Michigan State Society, by Dr. W. W. Jones, would be reported upon by Dr. N. S. Davis, Chairman of the Judicial Council.

The charges against W. T. Barr, M. D., of Abingdon, Va., presented by D. Ulrich, of Chester, Pa., were dismissed by the Council. S. N. BENHAM, M. D., Secretary.

P. S.—In reference to the communication from the State Medical Society of Arkansas, notifying the Association that the Hot Springs and Garland County Medical Society was not recognized by the State Medical Society and protesting against the reception of any member of that Society, it is decided that under the by laws of this Association said Hot Springs and Garland County Society loses its recognition with the Association from date of its severance from the State Society.

#### *A Phase of the Homœopathic Question.*

Dr. N. S. Davis made the following appended report of the Judicial Council concerning the charges against the Michigan State Medical Society, referred by the Association at the Annual Meeting in June, 1877.

"The charge in this case was alleged violation of the Code of Ethics on the part of the Michigan State Medical Society, in electing as a delegate to this Association Dr. E. S.

Dunster, of the University of Michigan, knowing him to be engaged in aiding and abetting the graduation of students devoted to an exclusive dogma in medicine.

"After a most careful examination of the Code of Ethics, as it appeared in the Transactions of this Association from year to year, the Judicial Council fail to find any section or paragraph in it that refers even remotely to the practice that constitutes the foundation of the charge under consideration. That any member of the medical profession proper should ever engage in teaching, examining, and certifying to the qualifications of students, knowing that such teaching and examination were to aid said students in obtaining a diploma directly admitting them into a fraternity of irregular practitioners was evidently not contemplated by the framers of our Code of Ethics; and hence they inserted no clause or section bearing upon the subject. The only provision in the Code referring to those engaged in an attempt to practice medicine in accordance with some 'exclusive dogma,' is in the section regulating consultations at the bedside of the sick. If the Judicial Council of this national organization should assume that the section of the Code just referred to indicated the 'spirit' of those who framed and adopted it, and on that assumption apply it to matters and practices entirely foreign to those mentioned in the doctrine itself, it would not only violate all the accepted principles of judicial construction, but would establish a precedent in latitudinous construction of the Ethical Code more dangerous to the best interests of the profession than all the evils sought to be remedied in the case under consideration.

"It is true that this Association has adopted at different times two resolutions, having reference to the subject involved in the charge against the Michigan State Medical Society, which still stand as expressions of opinion unrepealed. But these resolutions constitute no part of the Code of Ethics; neither is obedience to them enjoined by the constitution and by-laws on State and local medical societies as a condition of representation in this Association. Therefore, while deprecating the practice of aiding or abetting in any way the teaching and graduation of students known to be supporters of irregular and exclusive dogmas in medicine, as beneath the dignity of right-minded teachers of an honorable and liberal profession, your Judicial Council can find no clause in either the constitution, by-laws or Code of Ethics, as they now exist, under which the charge against the Michigan State Society can be entertained and adjudicated."

Dr. Toner, of Washington, in view of the fact that there was an unwritten law which governed such cases, moved to refer the report made by Dr. Davis back to the Judicial Council.

The motion was seconded and discussed by Dr. Busy, of Washington, and also discussed by Drs. Toner, Davis, Woodward, Brodie, and Menees.

The hour for the next order of business having arrived, the question was passed over without action.

Letters from Dr. B. A. Vaughn, of Columbus, Miss., and Dr. Robert Battery, of Rome, Ga., expressing regret at not being able to attend the Convention, were next read, and ordered entered upon the minutes.

*Address of Dr. H. H. Smith, of Philadelphia, Chairman of the Section on Surgery and Anatomy.*

Dr. Smith departed somewhat from previous custom in relation to the character of the addresses from the chairman of the sections, and selected a single subject, to which he directed the attention of the Association. The subject was:

*Certain Points in the Pathology of the Bones, Especially Tubercle.*

Recently a few functions had been assigned to the skeleton, and the bones had been regarded by many as a focus for the origin of red and white blood-corpuscles, and through which diseased matter was introduced into the general circulation. Certain results which followed operations on the bones—such as erysipelas, septicæmia—were doubtless due to impairment of the blood-forming functions of the myeloid cells in the medullary portion.

It was suggested that the cases of bone and joint diseases, which had been reported as due to exanthematous fevers (Gibney), were perhaps cases in which the first departure from health was in the medulla of the bones, and that the exanthemata were symptoms, and not causes.

Passing to the consideration of  
*Tubercle in Bone.*

Dr. Smith gave a *résumé* of the opinions which had been given by Virchow, Rindfleisch, Wilson Fox, Rodenstein, of Yonkers, N. Y., and others, regarding the character of tubercle, and from those opinions reached the conclusion that tubercle was formed from the blood through the action of the lymphatic vessels.

The conclusion reached by Dr. Smith, was:

1. That tubercle was closely connected with the lymphatics, and that it was deposited in the lymphatic vessels in Pott's disease, also in



the epiphyses of the long bones as well as in the spongy bones of the ankle-joint.

2. That its development and progress in these localities was the same as when deposited in other tissues.

3. That tubercle affected the vessels and cancellated structure of the bones, and not the ligaments and cartilage.

4. That the destruction of cartilages and ligaments was the effect and not the cause of impaired nutrition.

5. That softening tubercle produced congestion and inflammation of the bone-cells about the deposit.

6. That perverted myeloid cell action was consequent upon such change, and reacted in the way of modifying the formation of blood-corpuscles.

7. That what was termed scrofulous disease of the bones was essentially a disturbance of the myeloid cells.

The practical lesson to be derived from such facts was that we should still hold to the teachings of our forefathers, and let constitutional treatment form an important and leading part of the management of the case, and that

#### *Mechanical Appliances Should be Secondary.*

With reference to Pott's disease, Dr. Smith took the open position that *external violence* had nothing whatever to do with it, but that destruction of the cancellated structure of the vertebra was the result of caseous deposit and evacuation of softened tubercle.

He also believed that hip disease was due to the same cause, and that the cancellated structure was first affected. The treatment of Pott's disease by suspension was at least two hundred years old, and the splint which kept the diseased surfaces in hip disease apart was an admirable instrument; but no matter what the mechanical apparatus might be, it should not supplant a proper tonic and alterative plan of treatment.

The treatment of phthisis by injecting the cavities in the lungs had met with some success in the hands of Dr. Pepper, of Philadelphia, and it might yet be a plan of treatment for bone disease to inject the cancellated structure with substances such as phosphoric and lactic acids, etc., which favored the evacuation of the caseous material.

The address was referred to the Section on Surgery.

#### *Intervention of Physicians in Education.*

In the Section on State Medicine and Public Hygiene, June 4th, Dr. E. Seguin, of New York, read a paper upon the above subject, and it was referred to the general Association.

Dr. Frank H. Hamilton, of New York, in

behalf of Dr. Seguin, presented the paper, from which he read several extracts, and then opened the discussion. He spoke at some length, and made special reference to the hygienic condition of the public-school rooms in the city of New York, and how unavailing all efforts thus far had proved in the way of securing a medical representation in the Board of Education. The only remedy for correcting the growing evils in connection with school hygiene was in an united action upon the part of the medical profession. Dr. Hamilton closed his remarks by the introduction of the following resolution, which was unanimously adopted:

*Resolved*, That in the opinion of this Association, medical men ought to have a voice in the construction and location of public-school buildings; in the question as to the age at which children should be admitted, the hours of study, the size of type used, and the general management of these institutions; and to this end it is believed to be necessary that one or more intelligent physicians should be placed upon Boards of Education, Boards of Trustees, and upon other similar boards having the control of public education and schools."

Owing to the lateness of the hour, farther discussion was prevented, and the President introduced

Dr. E. W. Jenks, of Detroit, Chairman of the Section on Obstetrics and Diseases of Women who delivered an address upon

#### *The Causes of Sudden Death in Puerpera Women.*

After reviewing the literature of the subject, Dr. Jenks studied his subject under four heads:

1. Lesions of the Circulatory System.
2. Lesions of the Respiratory System.
3. Lesions of the Nervous System.
4. Puerperal Septicæmia.

The following conclusions were reached.

Septicæmia in its most malignant form was one of the chief causes of sudden death in puerperal women, and it was more than probable that small and large emboli were formed by the disorganizing effect which that condition produced upon the white blood-corpuscles.

Of the various valvular lesions of the heart, mitral stenosis was the most dangerous for the pregnant or puerperal woman. The usual mode of sudden death with the valvular lesions was through pulmonary oedema.

Endocarditis, old and recent, was extremely liable to be rekindled in the puerperal condition, result in ulcerative puerperal endocarditis, and give rise to embolism. The practical deduction was that women who had suffered from endocarditis should be discouraged from getting married, lest embolism and sudden death should occur in the puerperal condition.

Endocarditis might result from one of the forms of puerperal fever.

Fatty heart was a possible cause of sudden death in the puerperal woman. Only two cases, however, had been reported, and one was by Dr. Jenks.

Arterial degeneration might cause sudden death in the puerperal woman in two ways: 1. By allowing rupture of the vessel. 2. By favoring the development of thrombosis and embolism.

Arteritis of itself rarely caused sudden death in the puerperal woman.

Phlebitis was a frequent source of sudden death in these cases, terminating in pulmonary obstruction.

The injection of large quantities of air into the veins caused sudden death, but relatively the entrance of air into the veins of the puerperal woman was an infrequent cause of sudden death. The introduction of the hand into the uterus occasionally caused sudden death by facilitating the introduction of air into the veins.

Puerperal eclampsia was a most conspicuous cause of sudden death, but the mortality in that class of cases had been very much decreased by the progress which had been made in treatment.

Tetanus might give rise to sudden death in the puerperal woman.

Every physician should feel bound by professional obligation to thoroughly study the pathological anatomy of any case of sudden death, with the view, if possible, of arriving at the cause of death in any case which came under observation.

There were many other causes, such as ruptured heart, ruptured uterus, apoplexy, profound moral emotion, post-partum hemorrhage, mental excitement, shock, traumatism, etc., which were well recognized, and for that reason their special consideration was omitted.

The address was referred to the Section on Obstetrics.

#### *Committee on Nominations.*

The Committee on Nominations was announced as follows: A. Linthicum, Arkansas; J. F. Bancroft, Colorado; B. H. Catlin, Connecticut; J. M. Toner, District of Columbia; W. F. Westmoreland, Georgia; Moses Gunn, Illinois; Jas. F. Hibbard, Indiana; G. P. Hanawald, Iowa; C. V. Mothram, Kansas; J. M. Bodine, Kentucky; O. P. Langeworth, Louisiana; C. T. Collins, Massachusetts; T. B. Evans, Maryland; S. H. Weeks, Maine; J. R. Thomas, Michigan; C. P. Adams, Minnesota; W. M. Compton, Mississippi; J. M. Allen, Missouri; S. Lilly, New Jersey; J. P. Gray, New York; Dr. Adams, New Hampshire; Chas. Duffee, Jr., North Carolina; J. W. Rus-

sell, Ohio; A. Fricke, Pennsylvania; T. C. Lawton, Rhode Island; J. H. Van Deman, Tennessee; J. L. Cabell, Virginia; W. Kempster, Wisconsin; Jno. C. Hupp, West Virginia; Dr. Duvall, United States Navy; Dr. J. R. Smith, United States Army.

#### *Preamble and Resolution.*

Dr. J. R. Bronson, of Massachusetts, offered the following preamble and resolution:

"Whereas, By the report of the Judicial Council submitted this day, we are informed that the Ethical Code of this Association is imperfect, in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine; therefore,

"Resolved, That said Council be instructed to submit to this Association, at their next meeting, for its consideration, an amendment to the Code covering this omission."

The resolution was referred to the Judicial Council as a committee.

Dr. Foster Pratt, of Kalamazoo, Michigan, offered a resolution in relation to the legal status of the insane, which was referred to the Section on Medical Jurisprudence.

The Association then adjourned to meet on Thursday, June 6th, at 9.30 A. M.

#### *Wednesday Evening.—Second day.*

##### *Morphological Changes in Syphilitic Blood.*

In the Section on Practical Medicine.

Dr. Ephraim Cutter, of Boston, gave a microphotographic exhibition of the morphological changes which occur in the blood in consequence of syphilis. The diagnosis of syphilis was based upon the presence in the blood of a copper-colored filiform growth with rounded and enlarged extremities and spores. Dr. Cutter regorded the demonstration as corroborative of the claims made by Dr. Salisbury in connection with the same subject.

He thoroughly believed that positive diagnosis of syphilis could be made by microscopical examination of the blood.

He also believed that Lostofer was correct in his statement that the white blood-corpuscles were enlarged in syphilis; but he should have insisted upon the copper-color of the spores.

#### *THURSDAY, JUNE 6TH.—THIRD DAY.*

The Association was called to order at 9.30 A. M. by the President.

The Secretary read the names of those who had registered since June 5th.

#### *Members by Invitation.*

Dr. Rochester, Chairman of the Committee of Arrangements, made the following report: For members by invitation—Drs. Lawrence,

D. Trowbridge, of Niagara, N. Y.; Thomas McLean, of Golderich, Ont.; W. W. Potter, of Batavia, N. Y.; D. H. Kitchen, Superintendent of New York State Inebriate Asylum at Binghamton, N. Y.; H. R. Clark, Geneva, N. Y.; I. N. Goff, Cazenovia, N. Y.

A letter of regret from Dr. R. O. Howard, of Montreal, was read by the Secretary.

#### *Report from the Judicial Council.*

The Judicial Council reported that the charges against the Iowa State Medical Society, and Scott County Medical Society, presented by Dr. B. J. Farnsworth, were dismissed, because the subject had been already adjudicated by the Council at their Detroit meeting in 1874. They also reported that in the matter of the Washtenaw County Medical Society, it was decided that the Ann Arbor Society was entitled to two delegates to the present meeting.

Dr. A. C. Post, of New York, moved that the first two on the list from the Ann Arbor Medical Society be received as delegates, the others remaining as members by invitation. Carried.

#### *Consolidation of Sections.*

Dr. A. N. Bell, of Brooklyn, offered the following resolution, which was laid over until next year:

"Resolved, That Section Four, on Medical Jurisprudence and Psychology, and Section Five, on State Medicine and Public Hygiene, be consolidated into one Section as Section Four."

#### *Report of Judicial Council as a Committee.*

Dr. N. S. Davis, Chairman of the Judicial Council, presented the following report as an amendment to the Code of Ethics:

"In obedience to the instructions of this Association, the Judicial Council, acting in the capacity of a committee, have unanimously instructed me to report to your Honorable Body the following amendment and addition to paragraph 1, article 1, of the second division of the Code of Ethics, under the general heading, 'Of the Duties of Physicians to each other, and to the Profession at Large,' and the special heading, 'Duties for the Support of Professional Characters.' The same, when finally adopted, to be added at the end, and to constitute a part of said paragraph 1, of article 1. The proposed addition is in these words: 'And hence it is considered derogatory to the interests of the public, and the honor of the profession, for any physician or teacher to aid, in any way, the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine.'"

The report, under the rules, went over for one year.

#### *Report of the Committee on Necrology.*

Dr. J. M. Toner, of Washington, Chairman, presented the report, which contained sketches of seventy-five members. He further remarked that there were 850 names now upon the list of necrology of the Association.

The report was referred to the Committee of Publication.

#### *Committee on National Library.*

The Secretary stated that the Committee on Catalogue of National Library was not prepared to report, and asked that the committee be continued. Granted.

*Address of Dr. A. L. Loomis, of New York, Chairman of the Section on Practical Medicine, Materia Medica, and Physiology.*

Dr. Loomis opened his address by making brief reference to a few of the more important advances in medicine which had been made during the past year, and then passed to the consideration of the climatic treatment of pulmonary phthisis.

With reference to the germ theory of disease it was believed that the facts as now presented did not warrant its acceptance.

With reference to the etiology of typhoid fever no new facts had been elicited regarding its spontaneous or specific origin.

The experiments of Heidenham had gone far to establish the fact that croupous pneumonia had a specific origin, and could not be excited by simple irritation of the respiratory passages.

Reference was made to Lanceret's description of a new form of diabetes, due to changes occurring in the pancreas.

Reference was also made to several new discoveries made in physiology. Among these, Dr. J. W. S. Arnold of New York, had demonstrated by a series of experiments that the first sound of the heart had a muscular origin.

Mention was also made of several comparatively new therapeutic agents, such as jaborandi, hydrobromic acid, thymol, and the alkaloids used as a substitute for formic.

#### THE CLIMATIC TREATMENT OF PULMONARY PHTHISIS.

Dr. Loomis then passed to the consideration of the chief topic in his address, namely, some of the indications and considerations which should influence one in arriving at a decision with reference to the climate and locality best suited to each phthisical patient amenable to climatic treatment. [This portion of the address will be published in full in a subsequent number of THE JOURNAL.]

#### SANITARIUMS.

In order to obtain the greatest success in the climatic treatment of phthisis, it was nec-

essary to have sanitariums under the direction of intelligent physicians, where patients could go and be free from all exciting causes of the disease. For the phthical patient not the first step has yet been taken towards the proper construction and equipment of such resorts. Such sanitariums as could receive the endorsement and sanction of the leading medical men were needed in all parts of the country.

Dr. Loomis closed his address with the following practical suggestion:

#### OUR MINERAL SPRINGS.

"It seems to me that the necessities of our time are demanding the establishment not only of well-organized and thoroughly equipped sanitariums by the sea, in the mountains, in the cold regions of the North, and in the warm regions of the South, but that our mineral springs should be utilized for the cure of disease. No one doubts but they are equal, if not superior, to those of the old world; yet to-day we know more of the virtues of Carlsbad, Kissingen, Vichy and Hunyadi waters than those of Saratoga, Virginia, Arkansas, and Colorado. Has not the time come, gentlemen, when some organized action should be taken in this matter?"

DR. C. N. PALMER, of Lockport, moved that the address be referred to the Section on Practical Medicine. Carried.

DR. BOWDITCH, of Boston, made a few remarks, and stated that in his experience for phthical patients sanitarium upon the sea-shore were injurious.

DR. JAMES B. WHITE, of Buffalo, offered the following resolution:

"Resolved, That a committee of five be appointed to confer with General Meyer upon the subject of making observations as to the existence of ozone in various localities, and take such other steps and measures in the matter as may be necessary for the success of the object."

In seconding the above, DR. DAVIS, of Chicago, briefly stated what had already been done to attain the object by the profession since 1874. After a discussion by Drs. Busey, White, Bell, Bronson, Leonard, Loomis, and Davis, the resolution was adopted.

#### REPORT OF THE COMMITTEE ON NOMINATIONS.

DR. TONER, Chairman of the Committee on Nominations, announced that they were ready to make their report.

DR. HUPP, Secretary of the Committee, read the following, which, upon motion made by Dr. James P. White, of Buffalo, was accepted and unanimously adopted:

After due consideration the Committee on Nominations respectfully report that they have nominated the following gentlemen for the various offices named, to wit:

*For President.*—Theophilus Parvin, M. D., of Indiana.

*For Vice Presidents.*—A. J. Fuller, M. D., of Maine; W. F. Westmoreland M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphy, M. D., of Minnesota.

*For Treasurer.*—Richard J. Dunglison, M. D., of Pennsylvania.

*For Librarian.*—Wm. Lee, M. D., of District of Columbia.

*Committee on Library.*—John Eliot, M. D., of District of Columbia.

*Next place of meeting.*—Atlanta, Ga.

*Time of meeting.*—The first Tuesday in May, 1879.

*For Assistant Secretary.*—Scott Todd, M. D., of Atlanta, Ga.

*Committee of Arrangements.*—J. P. Logan, Chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Charles Pinckney, V. H. Talloferro, J. T. Johnson, of Atlanta, Ga.

*Committee on Prize Essays.*—Robert Battey, of Rome, Ga.; J. G. Westmoreland, of Atlanta, Ga.; Wm. A. Love, of Atlanta, Ga.; Robert Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

*Committee on Publication.*—Dr. Wm. B. Atkinson, Chairman; T. M. Drysdale, M. D., A. Fricke, M. D., S. D. Gross, M. D., C. Wiser, M. D., R. J. Dunglison, M. D., of Pennsylvania; and Wm. Lee, M. D., of District of Columbia.

The Committee also report the following nominations for Chairmen and Secretaries of Sections for 1879:

I. *Practice of Medicine, Materia Medica, and Physiology.*—Dr. Thomas F. Rochester, of Buffalo N. Y., Chairman; W. C. Glasgow, of St. Louis, Mo., Secretary.

II. *Obstetrics and Diseases of Women and Children.*—E. S. Lewis, of New Orleans, Chairman; J. R. Chadwick, of Boston, Mass., Secretary.

III. *Surgery and Anatomy.*—Moses Gunn, M. D., of Illinois, Chairman; Dr. J. R. Weist, of Indiana, Secretary.

IV. *Medical Jurisprudence Chemistry and Physiology.*—Dr. Wm. M. Compton, of Mississippi, Chairman; L. M. Eastman, of Maryland, Secretary.

V. *State Medicine and Public Hygiene.*—Dr. John S. Billings, of District of Columbia, Chairman; Dr. J. T. Reeve, of Wisconsin, Secretary; Alabama, Jerome Cochran; Arkansas, W. B. Welsh; California, W. F. Cheeney; Colorado, C. Dennison; Connecticut, C. A. Lindsley; Delaware, Wm. Marshall; District of Columbia, T. Antisell; Georgia, J. W. Bailey; Illinois, H. A. Johnson; Indiana, James

F. Hibbard; Iowa, J. A. Blanchard; Kansas, D. W. Storemont; Kentucky, S. Brandeis; Louisiana, Sanford E. Chaillé; Maine, A. P. Snow; Maryland, T. B. Evans; Massachusetts, H. I. Bowditch; Michigan, H. B. Baker; Minnesota, C. P. Adams; Mississippi, Wort Johnson; Missouri, Jacob Geiger; New Hampshire, G. P. Conn; New Jersey, E. M. Hunt; New York, A. N. Bell; Ohio, J. C. Reeve; Pennsylvania, Benjamin Lee; Rhode Island, E. M. Snow; South Carolina, R. A. Kinlock; Tennessee, T. A. Acheson; Texas, H. W. Brown; Virginia, F. D. Cunningham; Vermont, L. C. Butler; West Virginia, E. A. Hildreth; Wisconsin, J. T. Reeve; Florida, G. W. Betton; North Carolina, C. J. O'Hagen; United States Army, Joseph Smith, of Fortress Monroe; United States Navy, Joseph Wilson, of Washington, D. C.; Oregon, H. Carpenter.

*Committee on Necrology*—J. M. Toner, M. D., of the District of Columbia, Chairman; Alabama, J. S. Weatherby; Arkansas, R. G. Jennings; California, Henry Gibbons; Colorado, R. G. Buckingham; Connecticut, G. W. Russell; Delaware, L. P. Buck; District of Columbia, W. W. Johnson; Georgia, T. S. Hopkins; Illinois, J. H. Hollister; Indiana, John Moffit; Iowa, C. C. Bradley; Kentucky, L. P. Yandell; Maine, E. F. Sanger; Massachusetts, J. R. Bronson; Maryland, J. H. Hartman; Michigan, W. F. Breakley; Minnesota, C. C. Cross; Missouri, A. J. Steele; New Jersey, John Blaine; North Carolina, N. J. Pitman; Louisiana, Samuel Logan; New York, J. P. Gray; Ohio, Thad. H. Reamy; Oregon, ———; Pennsylvania, Thomas H. Helsby; Rhode Island, C. H. Fisher; South Carolina, Manning Simmons; Tennessee, Thomas Menees; Texas, J. H. Stalnaker; Virginia, L. S. Joynes; Wisconsin, D. Mason; Vermont, O. F. Fassett; Mississippi, P. F. Whitehead; Kansas, C. V. Mattram; New Hampshire, L. G. Hill; West Virginia, Robert W. Hazlett; United States Army, J. J. Woodward, of Washington, D. C.; United States Navy, Joseph Wilson, of Washington, D. C.; Nebraska, J. H. Peabody.

*Judicial Council*—To fill a vacancy caused by death, John P. Gray, of Utica, N. Y.; in place of the seven whose terms expire at this meeting, D. A. Linthicum, of Arkansas; Foster Pratt, of Michigan; A. Woodward, of Connecticut; J. M. Toner, of District of Columbia; J. H. Van Deman, of Tennessee; S. M. Benham, of Pennsylvania; R. N. Todd, of Indiana.

#### REPORT ON RECOMMENDATIONS IN EX-PRESIDENT BOWDITCH'S ADDRESS.

DR. N. S. DAVIS, Chairman of the Committee, made a somewhat lengthy report, and closed as follows:

"After a careful review of the whole subject, indeed by many years of careful observation, in the Sections of the Association, the undersigned would recommend no change in the present by-laws and ordinances regulating the workings of the Sections, except the striking out of the paragraph in Section 11 of the by-laws, commencing with 'Papers appropriate to the several Sections,' etc., and inserting in its place the following:

'It shall be the duty of every member of the Association, who proposes to present a paper or report to any one of the Sections, to either forward the paper, or a title indicative of its contents and its length, to the Chairman of the Committee of Arrangements at least one month before the annual meeting at which the paper or report is to be read. It shall also be the duty of the President and Secretary of each Section to communicate the same information to the Chairman of the Committee of Arrangements concerning such papers and reports as may come into their possession or knowledge for their respective Sections the same length of time before the annual meeting. And the Committee of Arrangements shall determine the order of reading or presentation of all such papers, and announce the same in the form of a programme for the use of all members attending the annual meeting. Such programme shall also contain the rules specified in the by-laws and ordinances concerning the consideration and disposal of all papers in the Sections.'

"All of which is respectfully submitted.

N. S. DAVIS,  
S. D. GROSS."

DR. BOWDITCH presented the following *minority report*:

"The undersigned still holds to the opinion that the submission to trained experts of all papers read or presented to the various Sections of the Associations would tend to make our published Transactions more interesting, and vastly to increase their scientific merits, although perchance making them less bulky.

"He believes, moreover, that some other of the amendments suggested by him would ultimately be of service to the Association.

"He admits the cogency of the arguments of the majority of the committee in regard to permanent membership.

"He still adheres to the idea that the time spent in discussions in regard to the by-laws in any scientific body, is commonly so much time wasted, which should be spent in more congenial and appropriate work, and that no changes, even though deemed very important by a few, should be made in the organic law, if they do not meet with favor with a large majority of the body.

"And, finally, in full confidence that with our present by-laws, if the Chairmen and Secretaries of the Sections and of the Committee of Arrangements will do thoroughly their respective duty, the meetings of this Association and its transactions will annually grow better, as they have done in the past, the undersigned will not oppose the report of the majority of the committee. HENRY I. BOWDITCH."

The majority report was unanimously adopted.

#### STATE MEDICINE AND PUBLIC HYGIENE.

DR. J. L. CABELL, of the University of Virginia, Chairman of the Section, delivered an address, in which he maintained that the establishment of a general Board of Health was the indispensable measure to any systematic effort to inaugurate State medicine in any of the States of the Federal Union.

As to the value of sanitation in general in diminishing the death-rate, reference was made to the address of Mr. Edwin Chadwick, delivered before the British Social Science Association at Aberdeen, September 13, 1877.

Speaking with reference to the maintenance of the purity of the air within and around dwellings, Dr. Cabell remarked that the evidence of advance in public hygiene consisted not so much in the discovery of new facts or principles, as in more careful, exact, and honest methods of sanitary engineering, in conformity with well-known laws of sanitary science. It could scarcely need be said that one of the most fruitful sources of the impurity of the air around dwellings, and consequently of the air within dwellings, since the latter was constantly being replaced by the former, was the damp condition of the ground, which, however well drained of sub-soil water at first, was liable to subsequent contamination with liquid filth, whether arising from slops thrown upon the surface of yards or gardens, or from the dejections of animals. A soil well aerated by proper water drainage, would, in a measure at least, oxidize the organic matters, and mitigate the generation of malaria. It would not, however, be safe to rely upon that to disinfect the excrement-sodden soil in the streets of cities, and it became an important problem of sanitary engineering how to protect the atmosphere of cities from that source of contamination. That end could probably be secured by the best asphalt pavements, such as had been largely used in some of the cities of Europe, and had been successfully introduced in some parts of Brooklyn, and on the principal avenues of the national metropolis. No water or filth could penetrate them, and they were easily cleaned at less expense than any other pavement. A necessary condition, however, of the beneficial action of impervious pavements was the absolute freedom of the

subsoil from the contamination which might arise from defective sewers, or from percolation of the contents of cesspools.

Reference was then made to what had been accomplished by sanitary measures in preventing the spread of contagious diseases, and from that point Dr. Cabell proceeded to discuss at considerable length the theory of *contagium vivum*.

The address was referred to the Section on State Medicine and Public Hygiene.

#### QUESTION OF PRIVILEGE—SHORTENING IN FRACTURES.

DR. LEWIS A. SAYRE, of New York, rose to a question of privilege, and asked that he be recorded upon the minutes as opposed to the passage of the resolution, adopted by the Association at its meeting held in Chicago in 1877, relating to the occurrence of shortening in fracture of long bones.

The purport of the resolution was that shortening was the rule, in spite of all treatment, and he wished to be recorded as opposed to the doctrine that fractures could not be treated without such result.

The request was granted.

The Association then adjourned to meet on Friday, at 9.30 A. M.

#### FRIDAY, JUNE 7TH.—FOURTH DAY.

The Association was called to order at 9.30 A. M. by the President, Dr. Richardson.

#### COMMITTEE ON OZONE.

Pursuant to resolution offered by Dr. White in yesterday's session, the President announced the Committee on Ozone as follows: Dr. N. S. Davis, of Illinois, Chairman; Dr. J. S. Billings, of United States Army; Dr. W. N. Geddings, of South Carolina; Dr. J. M. Toner, of District of Columbia, and Dr. S. M. Bemis, of Louisiana.

#### MEMBERS BY INVITATION.

Dr. Rochester, Chairman of the Committee of Arrangements, announced the following as members by invitation: Drs. W. J. A. Case, of Hamilton, Ont.; George N. Burrell, of Bringham Hall, Canandaigua; George Waters, of Coburg, Ont.; H. C. Hill, of Lockport, N. Y.; V. A. Ellsworth, of East Otto, N. Y.; A. A. Hubble, of Leon, N. Y.; John W. Whitbeck, of N. Y.; Milan Baker, of Warsaw, N. Y.

The Secretary read a letter of regret from Dr. George E. Fenwich, of Montreal, which was ordered on the minutes.

#### DUTY OF THE COMMITTEE ON NECROLOGY.

The following resolution was offered by Dr. J. S. HIBBARD, of Indiana:

"Resolved, That hereafter it shall be the duty of the Committee on Necrology to confine their reports to the death of medical men



who have been members of this Association' and at the time of death were still in good fellowship or honorably separated from the Association." Adopted.

#### ORGANIZATION OF STATE BOARDS OF HEALTH.

DR. A. N. BELL, of Garden City, moved the continuance of the committees appointed two years ago for the organization of State Boards of Health. Carried.

#### METRIC SYSTEM—COMMUNICATION FROM THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The following communication from the Medical Society of the State of Pennsylvania was read by the Secretary :

"At the annual meeting of this body held in Pittsburg, May, 1878, it was unanimously

*"Resolved,* That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system from its universality, simplicity, and scientific character, does recommend the use of the same to the members of this Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical career.

*"Resolved,* That in all communications made to this Society, in which reference is made to weights and measures, the metric system only should be used.

*"Resolved,* that the Secretary of this Society is instructed to bring this action of this Society to the notice of the American Medical Association at its next meeting, and urge upon the National Association a similar action."

On motion by Dr. Atkinson, and seconded by Dr. N. S. Davis, the communication was received and placed upon the minutes.

#### MEDICAL UNIFORMITY—COMMISSIONERS AND DELEGATES TO EUROPE.

On motion, Drs. Marion Sims, Thomas Drysdale, and E. Seguin, were confirmed as delegates to Europe, upon the question of medical uniformity, to report next year.

#### COMMITTEE ON THE ADDRESS OF THE CHAIRMAN OF THE SECTION ON PRACTICAL MEDICINE.

DR. N. S. DAVIS, of Chicago, offered the following resolution, which was adopted:

*"Resolved,* That the Section on Practical Medicine, Materia Medica, and Physiology recommend the appointment by the American Medical Association of a committee of five members, to whom shall be referred so much of the recommendations in the address of the President of that Section as relates to the establishment of proper sanatoria for consumption, and the more accurate utilizing of the various mineral waters of our country, with instructions to report at the next meeting of the Association."

The President appointed the following members as such committees: Dr. H. I. Bowditch, of Massachusetts; Dr. A. N. Bell, of New York State; Dr. J. L. Cabell, of Virginia; Dr. S. E. Chaillé, of Louisiana; and Dr. Charles Dennison, of Colorado.

#### DELEGATES TO FOREIGN SOCIETIES.

The President announced the following delegates: *To European Medical Societies*—Drs. Sims, Drysdale, Seguin, Daly, Halberstadt, Lewis, and W. H. Pancoast. *To the Canadian Medical Association*—Drs. Brodie, Todd, E. N. Brush, and W. Clarke.

#### LEGAL RELATIONS OF THE INSANE.

The following resolutions concerning certain legal relations of the insane, offered by Dr. Foster Pratt, of Michigan, in Section V., and referred to the Association, were received and adopted:

*"Resolved,* That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which as a therapeutical agency, may be justified by their insanity, just as the use of it as a public agency, for the prevention of injury to person or property, is justified by their dangerous conduct.

*"Resolved,* That while none question the necessity for specific statutory provisions to regulate the restraint of those insane persons who are wholly or partly a public charge, we maintain

"That it is the duty of relations and friends, and it is also their natural and inherent right, whether declared or understood by statute, to retain and to care for their sick or insane relations as a private patient at his or their home, or in a legally recognized and regulated hospital; and

"That the exercise, by them, of so much restraint as is essential to their proper treatment of his disease is not a violation of his rights of personal liberty; and

"That their duty and right to exercise such remedial restraint are subject to State surveillance or legal limitations only so far as may be necessary to prevent their neglect of that duty or to punish their abuse of the right."

#### REPORT OF COMMITTEE APPOINTED TO SECURE THE FORMATION OF STATE BOARDS OF HEALTH.

"Your committee, consisting of the President and Permanent Secretary, who are required to report annually the results of their efforts for the organization of State Boards of Health, respectfully report that they have addressed the Governor of each State where a Board of Health has not been organized with a suitable memorial. A few Executives have courteously acknowledged this communication and expressed their earnest desire to further

our efforts. We are happy to announce that three additional State Boards have been organized, making nineteen in all, viz.: Alabama, California, Colorado, Connecticut, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, New Jersey, North Carolina, Tennessee, Rhode Island, Virginia, Wisconsin." Adopted.

#### NEW SECTION.

Dr. X. C. Scott, of Ohio, called up the resolution of last year, creating a new Section of Ophthalmology, Otology, and Laryngology, to be known as Section VI., and moved its adoption. Carried.

On motion of Dr. E. SMITH, of Detroit, Dr. H. Knapp, of New York, was made Chairman of the new Section, and X. C. Scott, of Ohio, was made Secretary.

ADDRESS OF DR. WALTER KEMPSTER, OF OSHKOSH, WISCONSIN, CHAIRMAN OF THE SECTION ON MEDICAL JURISPRUDENCE, CHEMISTRY, AND PSYCHOLOGY.

Dr. Kempster first considered the pathological brain lesions characteristic of insanity. The blood vessels were changed in appearance, the morbid process beginning in the walls of the capillaries. Miliary aneurisms occurred, and as they ruptured speedily became the centres for changes in the brain tissue. The interstitial tissue of the brain was also affected, and changes were also found in the nerve cells in the way of hypertrophy, atrophy, nucleus becoming diseased. There was also change in the substance of the cell. The cell changes might be so extensive that in the place of nerve-cells there were seen masses of granular material having no relation whatever to the appearance of a normal cell. With reference to the membranes of the brain, Dr. Kempster thought that they were quite uniformly found affected in all cases of insanity, and that there existed adhesions between the membranes and the brain, especially over its anterior portions, thus affecting the motor centres. Absence of such adhesions at the posterior part of the brain was a noticeable feature.

The question of

#### LOCALIZATION OF FUNCTIONS

was discussed at some length, and the cases reported by Charcot, E. C. Seguin and others were referred to as evidence of the correctness of the doctrine. Reference was also made to the teachings of Brown-Sequard and Schiff in opposition to the theory of localization of functions. Dr. Kempster believed that the weight of accumulative testimony went to show that the localization doctrine was correct.

Reference was made to a case of

#### TEMPORARY AND TRANSIENT APHASIA

which had fallen under his observation. It was believed to be due to cerebral anæmia.

Special mention was made of two cases in which convulsions could be produced by pinching the dura with a pair of forceps through an opening made in the skull by a fracture.

In the department of

#### MEDICAL JURISPRUDENCE

nothing had occurred during the past year worthy of special mention, unless it was that Wisconsin lawyers and a judge had recognized the fact that the "knowledge test" was unreliable.

Dr. KEMPSTER expressed the hope that the time would come when the *court* would call expert testimony, if the obscurity of the case seemed to make it necessary.

The address was referred to the Committee on Publication.

#### TREASURER'S REPORT.

Dr. RICHARD J. DUNGLISON, Treasurer, reported as follows:

"The Treasurer has the honor to report a balance in the treasury at the end of the fiscal year of \$2,446.02. This amount is much larger than would have been found there had any deduction been made to pay the Permanent Secretary in honorarium for his services for the previous year. For the first time for a number of years the Association at its last meeting omitted to pass a resolution appropriating money to this end, and the Treasurer was thus left without authority to devote the funds of the Association to such a purpose. The annual amount, whatever it might be, voted by that body to its Secretary, was an honorarium, and not a salary, the Association having decided in 1873, upon the adverse reports of a committee appointed in 1872 to decide upon the propriety of making the office a salaried one, that no amount of specified salary be attached to the office.' Ever since that time, an honorarium, not a salary, has been paid him by Treasurer, but never without the authoritative order of the Association, as conveyed by annual resolution.

"The Treasurer is in constant receipt of applications from members for volumes of the Transactions of the Association which are entirely out of print. As some of the members are in possession of scarce volumes, which they may not wish to retain, the Treasurer will willingly act as a medium of exchange, and thus accommodate those who are anxious to complete their sets." [Here followed a financial statement.]

The report was adopted and referred to the Publication Committee.

The annual report of the Publication Committee was received and adopted.

## HONORARIUM TO THE PERMANENT SECRETARY.

DR. N. S. DAVIS, of Chicago, moved that the Treasurer be authorized to draw his warrant and pay to the Permanent Secretary the sum of \$700 as an honorarium for the faithful performance of his duties. Carried.

## REPORT OF COMMITTEE ON PRIZE ESSAYS.

"Your committee to determine the merits of prize essays would respectfully report: That they have had three separate papers submitted to their inspection. Two of these papers present subjects of very great interest, and show original researches, but are too imperfect, in the estimation of the committee to command a prize. The remaining paper, in the judgment of your committee, is fully up to the requirements. Indeed, the paper is so elaborate as to fill a large space in the volume of the Transactions of the Association. The paper should be considered as *two* and not as *one*. The analysis of 789 cases of operation on the carotid artery, and the careful and minute measurements of the artery and its branches in one hundred and twenty-one subjects, showing the range of variation and percentage of the same, followed by inferences bold and original, naturally constitute a paper complete in itself. Another one on the same plan with reference to the innominate and subclavian, being an analysis of 300 cases, and the observation of fifty-two subjects, is presented to us in such a manner, that we may consider the whole as one prize, or they may compete for both.

"Your committee believe that both prizes should be awarded to the two essays by one person. The motto is, 'Tempora mutantur et nos mutamur in illis.'

E. M. MOORE, Chairman;  
THOS. LOTHROP,  
H. R. HOPKINS,  
W. W. MINER."

The recommendation of the committee was unanimously adopted.

On opening the sealed envelope the name of the successful essayist was found to be DR. JOHN A. WYETH, of New York City.

## THE LIBRARIAN'S REPORT

was read and referred to the Committee on Library.

On motion made by DR. BRODIE, of Detroit, the Treasurer was authorized to pay to the Librarian the sum of two hundred dollars, to be used by him according to the recommendation contained in his report—namely, for binding pamphlets and loose papers.

On motion of DR. DAVIS, of Chicago, the recommendation of the Librarian adding Dr. J. M. Toner, of Washington, to the Library Committee, was adopted.

DR. J. M. KELLER, of Arkansas, offered the following, which was laid over for one year:

"Resolved, That in future the Committee on Nominations shall present the name of no person for appointment or election to office or position, save on the Committees on Necrology and Climatolgy, unless the party nominated be in attendance on the Association at the time."

## PROPOSED NEW SECTIONS.

DR. J. J. CALDWELL, of Maryland, offered a resolution creating a new Section upon "Neurology and Electrology." Action deferred for one year.

DR. MADDOX, of Baltimore, Md., offered a resolution creating a Section on "Diseases of the Genito-Urinary Organs, including Dermatology and Syphilis." Action deferred for one year.

## IM MEMORIAM.

DR. J. M. TONER, of Washington, offered the following preamble and resolutions, which were adopted:

"Whereas, A short time previous to the the meeting of this Association, Professor Joseph Henry, late Secretary of the Smithsonian Institute, departed this life full years and honors; therefore, be it

"Resolved, That the American Medical Association hereby offers its tribute of respect to the name of this illustrious man, whose pure and noble life, as well as his great attainments and actual discoveries, have long since placed him at the head of the men of science in this land.

"Resolved, That while we share the common grief of all his fellow-countrymen on the occasion of his death, we believe his name will be established in the memory of posterity, and we hold up his example for the emulation of all lovers of the truth, now and hereafter.

"Resolved, That a copy of these resolutions be transmitted to the Regents of the Smithsonian Institute and to the family of the deceased."

## AMENDMENTS TO THE BY-LAWS.

DR. DAVIS, of Chicago, offered a resolution with reference to the following amendments proposed by him last year, which was adopted:

"Strike out all of third paragraph, Section VIII: 'It shall be the duty of every member of this Association, who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of

the fact, such school shall be deprived of its representation in this body.'

"Strike out all of second paragraph, Section IX: 'This Association recognizes as a "regular organized" medical college one that has been represented at any meeting, and that complies with the rules and directions found in the public *Transactions*, vol. xiii., page 33.'"

Dr. HITCHCOCK, of Michigan, offered an amendment to the by-laws with reference to the nomination of officers.

Laid over for one year.

Dr. RICHARDSON, with complimentary remarks, then introduced Dr. Parvin, the President-elect, who, in most eloquent and appropriate words, addressed the Association and returned thanks for the high honor it had conferred upon him.

Dr. J. H. VAN DEMAN, of Tennessee, offered resolutions, which were unanimously adopted, expressive of the appreciation of the hospitalities and courtesies extended to the members of the Association by the medical profession and citizens of Buffalo, and also thanking the officers of the Association for the promptness with which they had discharged their several duties.

On motion, the President declared the Association adjourned, to meet in Atlanta, Ga., on the first Tuesday in May, 1879.—*Medical Record*.

### The Bromides in Epilepsy.

Professor E. C. Seguin, M. D., in the *Journal of Nervous and Mental Diseases*, sums up his views on the use of the bromides in epilepsy and other neuroses in the following words:

1. In view of what we know of the physiological and toxic effects of the bromides, and in accordance with either of the two generally received hypotheses of their *modus operandi*, anæmia and debility, or congenital feebleness, contra-indicate prolonged use of the bromides.

2. The bromides are, on the contrary, well borne by persons of fairly full habit and good nervous power.

3. The bromides are indicated in cases of abnormally great irritability of the nervous system, in its motor (muscular and vaso-motor) and ideational tracts.

4. Epilepsy is so serious a disease, one which if not interrupted, kills the patient or reduces him to dementia, that we are justified in using unusual and heroic measures in its treatment. Hence, the contra-indications named above are to be much less regarded in the management of this formidable neurosis.

5. As a corollary to the last proposition, I may state that I consider epilepsy to be the only disease for the cure of which we are justified in deliberately producing a degree of bromism.—*Hospital Gazette*.

### Dyspepsia.

BY DR. C. F. KUNZE.\*

[Translated from the German for *The Hospital Gazette* by PAUL H. KRETZSCHMAR, M. D., Brooklyn, N. Y.]

Dyspepsia means "Difficult stomach digestion," and is as such one of the most common symptoms of anatomical changes which have taken place in the stomach, but it is also a symptom of conditions in which the normal structure of the stomach is not altered or in which, with our present state of knowledge, we are unable to detect any structural changes. In the following pages this second form of dyspepsia only will be considered, and it may be stated here that just in proportion as our medical knowledge advances, the number of cases belonging to this class will diminish.

*Symptoms.*—The patients complain, especially after taking food, and sometimes only after they have eaten certain articles, of a sensation of heaviness and fullness in the region of the stomach. Real pain is not generally experienced. Often there is a nausea, occasionally vomiting, the stomach is bloated, in most cases the appetite is diminished, and, sometimes, patients have an entire lack of appetite for any kind of food. Some patients have a remarkable desire for highly spiced articles. The stomach digestion is much slower than normal. Percussion shows the presence of undigested food a long time after nourishment has been taken. The patient feels weary, he has no desire for mental or bodily work, and often complains of a very severe "compressing" pain in the forehead, and in the occipital region. If vomiting occurs, the food is thrown up, sometimes hours after it has been taken, in an undigested state. Not unfrequently it is saturated with foul gases, as the product of decomposition which has taken place within the stomach. If the quantity of gas present is at all considerable the stomach presents a bloated condition, known as *flatulence*, and it attempts to empty its gaseous contents by frequent eructations

\*The work from which this translation has been made is entitled "*Lehrbuch per Praktischen Medicin, mit besonderer Berücksichtigung der Pathologischen Anatomie und Histologie.*" Leipzig, 1875. It is a work which is considered by competent judges to be in many respects superior to Niemeyer. It was first published in Germany in 1870, and has since been translated into French, Italian, Dutch, and Spanish, and has reached its third edition in Germany. Several chapters of the translation are now ready for the press, and we shall present them to our readers as opportunity offers.

(ructus). Sometimes the matter vomited is of an acid reaction, depending on the presence of butyric and acetic acids. The abnormal formation of acid also gives rise to an unpleasant burning sensation in the œsophagus and pharynx (Pyrosis). The tongue is no certain criterion; in some cases it is thickly coated, in others it is entirely clean. In cases of dyspepsia of short duration, caused by an overloaded condition of the stomach, or depending on the presence of indigestible food, great relief and often permanent cure is obtained by free emesis. Not unfrequently, however, vomiting does not occur, the ingesta are not thrown up, but enter the small intestines and produce pain, cramps, rolling, flatulence, and either diarrhœa or—as is often found among children—obstinate constipation. Among children such a condition is often followed by fever and restlessness at night, by increased frequency of respiration and pulse, and even by general convulsions which may prove fatal.

In *chronic cases* of dyspepsia, mental despondency and hypochondria are frequently developed: the state of the patient's nutrition becomes impaired, emaciation takes place.

The unpleasant sensation of fullness and pressure in the region of the stomach becomes permanent, and the patient complains about them even while the stomach is empty. At that time the symptoms frequently depend on the condition of chronic gastric catarrh, which often develops during the course of dyspepsia.

*Etiology.*—Dyspepsia—derangement of the digestive function of the stomach without any known structural changes—depends either on *ingesta*, or on a *disturbed condition of the general system*, or on *altered innervation*.

I. *Dyspepsia ab ingestis* is caused: (a.) by overloading the stomach with food, which by itself is not injurious, but interferes with proper digestion only by its *quantity*. To digest food properly it is only necessary that the quantity of food introduced stands in proportion to the digestive power of the stomach. If a larger quantity of food be introduced at once, the gastric juice is unable to digest all of it, the muscular action of the stomach becomes exhausted, the organ itself becomes debilitated, expanded, and the food remains longer in the stomach than normally.

(b.) By the introduction of articles which are *indigestible*. All articles which cannot be acted upon by healthy gastric juice are to be considered as belonging to this class, viz.: cartilage, tendons, tough meat generally, hard boiled albumen, etc.

(c.) By the introduction of articles which either tend to *float away* or *dilute* the gastric juice. Dyspepsia depending on this cause is often produced by drinking large quantities of cold or warm water in the morning—as has

been recommended by Bock and others. To drink much cold water with the meals is not only injurious for its diluting effect on the gastric juice, but also because it diminishes the temperature of the stomach to such a degree as is incompatible with healthy digestion (Beaumont).

(d.) By the introduction of articles which influence the *chemical composition* of the gastric juice *unfavorably*. To this class belong the articles which prevent to a larger or smaller degree *fermentation*, viz.: strong coffee, tea, alcoholic drinks, etc.; all articles which are easily transformed into *acetic, butyric and carbolic acids* (carbo-hydrates) or those which are previous to their introduction into the stomach in a condition of *partial decomposition*, viz.: sour milk, sour lager beer, mouldy wine, etc.; or finally those articles which are *almost entirely decomposed*, viz.: old cheese, bad meat, etc. If the food, after its arrival into the stomach, cannot be digested properly, and especially if acetic and butyric acids are formed freely, the gastric juice itself becomes converted into acetic and butyric acid and a deranged condition of the digestive apparatus is developed, which is known under the name of "*dyspepsia acida*." The secretion of these acids by the peptic glands themselves, as has been supposed in individual cases where their presence has been frequently observed, has not been proved physiologically. Conditions of the stomach peculiar to the individual have, however, a marked influence as to the predisposition to the formation of acetic and butyric acids from the food which has been introduced. This form of dyspepsia, due to the formation of acetic or butyric acids, has nothing to do with an excessive formation of hydrochloric acid, which latter is a necessary constituent of the gastric juice and is *essential* for the digestion of food. It is a wide-spread mistake that the sour eructations of patients are due to the *excessive* formation of that kind of acid which enters into the formation of the gastric juice. The recent examinations of Leube and others show that stomach digestion depends on the presence of a certain quantity of hydrochloric acid, and that dyspepsia is much oftener caused by a deficiency of hydrochloric acid than by an excess of it. Even in vomiting matter of peculiarly acid smell hydrochloric acid is mostly wanting, the acid reaction being due to the presence of acetic or butyric and not of hydrochloric acid. The question whether an increased quantity of hydrochloric acid in the gastric juice is injurious has not been determined as yet; it seems to me the only action it could have would be to cause a too rapid stomach digestion.

Not unfrequently the gastric juice is observed to act in the contrary manner. It is sometimes of *alkaline reaction*, especially if large quantities of saliva are swallowed, as is found to be the case with smokers, or in cases of catarrh of the mouth and pharynx; gastric juice of alkaline reaction cannot perform its functions and dyspepsia must follow.

II *Dyspepsia depending on a deranged condition of the general system* is found to be present in all diseases which are accompanied by well defined febrile movements. Beaumont observed in such a condition the direct decrease and even the suppression of the gastric juice. It seems as if, in such cases, the more rapid retrograde metamorphosis depending upon the high temperature of the body interferes with the production of gastric juice. Dyspepsia is frequently observed, and forms a very troublesome complication in cases of rachitis, scrofulosis, arthritis and diabetes, as a more or less constant symptom of the deranged condition of general nutrition. The relation which dyspepsia bears to the diseases mentioned is not altogether understood as yet.

III. *Dyspepsia depending on an altered condition of innervation* is observed in cases of hypochondria, hysteria, homesickness, neuralgia, etc. The secretion of the gastric juice depends just as much on the nervous influence as the secretion of saliva and many other functions of the different organs. Cases of dyspepsia, following the continued use of opium or other narcotics, belong to this class, though there is in such cases a mechanical influence acting which should not be underestimated. From the use of the narcotics the peristaltic movements of the stomach become interfered with, lessened and sometimes lost almost altogether, food accumulates in the stomach, and not only causes a sensation of pressure and fullness, but also causes such conditions as were mentioned under "*dyspepsia ab ingestis*."

*Treatment.*—There is hardly any other morbid condition where it is more essential to consider the cause of the disturbance than in dyspepsia. In a considerable number of cases the removal of the cause is followed by complete recovery, as may be readily seen in cases of "*dyspepsia ab ingestis*."

Aside from the detection of the cause of the functional disturbance, the regulation of the patient's diet is the most essential part of the treatment; permanent cure can never be brought about without it.

Generally speaking, the following rules in regard to diet in dyspeptic persons may be laid down:

I. *The patient's nourishment must consist of articles easy of digestion.* To this class of

food belong soups, prepared of starchy materials, beef tea—provided it is not made too strong, and it does not contain much fat—also milk, and especially buttermilk, raw or soft-boiled eggs, white of eggs hard-boiled are not nearly so quickly digested; furthermore, venison and the flesh of pigeons or fowls, some kinds of fish, smoked ham, if soft, white bread, etc. Of those articles which should never be served at the table of a dyspeptic person the following may be mentioned: legumes, rye bread, cake, hard smoked ham, beef tea or any kind of meat with a great deal of fat, cheese, etc.

II. *Whenever the patient eats he should only take a small quantity at a time*, his stomach should never be entirely filled, he should never leave the table with feeling that his appetite is fully satisfied. To carefully regulate the quantity of food to be taken at one meal is especially important with children, as they are, in most cases, entirely unable to judge as to the right quantity of food.

III. *The patient should only be allowed to eat again when the food taken before has been properly digested and left the stomach.* In adults it takes from four to six hours for food of the average quality to be digested; in cases of dyspepsia it may require a much longer time. Infants should never be nursed at shorter intervals than every two hours.

IV. *The patient should live on plain food*, high living must be abandoned, and but few dishes should be served at a meal. He should avoid taking supper late at night, and should not go to bed on a full stomach.

If the stomach is overloaded, some remedy should be employed which favors the secretion of gastric juice, and which retards the decomposition of food in the stomach. It is an old and in most cases a good custom to take a small quantity of alcoholic stimulant just after finishing a rich meal. Unfortunately this custom is often abused; people think they have a right to overload their stomachs because they keep some good brandy in the house. Finally, the habitual overloading of the stomach, and the frequent use of alcoholic drinks, produce chronic gastric catarrh, often complicated by a catarrhal condition of the small intestines. It seems as if, after the introduction of very fat food, a small quantity of liquor assists in emulsifying the fatty material. The injurious habit of drinking large quantities of water must be abolished, and those who drink lukewarm water, fasting, to keep the bowels open, should consult a physician and leave it to him to correct the difficulty. I will only mention one instance which proves how much harm may be done by adopting the hydropathic method of regu-



lating the movements of the bowels. Habitual constipation in females often depends on general anæmia; the use of warm water, or of other laxatives, while temporarily relieving the obstruction of the bowels, always increases the primary lesion, while some *light iron preparation* or the use of *Pymont water* frequently relieves the secondary difficulty permanently, by improving the quality of the blood.

If deficiency of hydrochloric acid in the gastric juice causes the difficulty, it is well to administer it (gtt. x: 120·0  $\frac{3}{4}$  iv) aquæ; ( $\frac{3}{4}$  i) 30·0 syr. simplic. one tablespoonful every two hours). If the food has undergone fermentation, the decomposed material should be removed from the stomach, either by means of a stomach pump, which is the best way, or by the use of emetics or laxatives. After the organ has been cleaned, some remedy should be employed to prevent the fermentation of food in the stomach. I like the use of sulphite of soda (2·0 to 5·0: 120·0 aquæ, a tablespoonful three or four times a day) or 20 drops of benzine in sweetened water, per dose, or of creasote (gtt. vj: 120·0, sweetened water, one tablespoonful every two hours).

In *febrile diseases* we are but rarely able to treat the dyspepsia by itself, but the remedies which are to be employed against the principal disease should be selected with due consideration for the condition of the stomach. The physician should take care to select those pharmaceutical preparations which are easily assimilated. In cases of intermittent fever with dyspepsia, muriate of quinia is to be preferred to the sulphate of quinia on account of its being better borne by the stomach.

If the dyspepsia is due to *altered innervation*, and if a so-called irritable condition of the stomach is present—persistent vomiting of almost all the food taken, a dislike to any kind of nourishment—the use of narcotics with the view of diminishing the irritability of the organ is indicated (morph. murias, aqua lauro-cerasi, tr. nuc. vomic.) The digestive properties of the gastric juice—which is secreted in diminished quantity—should be strengthened by the administration of small quantities of muriatic (hydrochloric) acid. Fresh mountain air, moderate out-of-door exercise, repeated full baths and other means to improve the general health of the patient, will assist in treating the gastric symptoms. *Pep sinum porci* in doses of 0·3 to 0·6 (5 to 10 grs.) with or without hydrochloric acid, to be taken three times a day just before eating, is often beneficial. Iron should *not be given in any form* as long as the digestive power of the stomach is very low. If the functional derangement of the stomach is considerably diminished, light iron-waters, such as *Pymont*,

*Driburg*, *Sohmalbach*, *Elster*, may be given, but care should be taken not to administer them at too early a period. Even with a moderate degree of irritability, the stomach cannot bear any of the iron preparations or iron waters. The bitter tonics are suitable in cases of typhoid dyspepsia; I prefer to give sweet flag, calumba, quassia, or tr. gentian. comp. If there is no desire at all for nourishment, and if all sensibility of the stomach has been lost, I have frequently obtained beneficial results from moderate doses of "fruit ice"—not ice cream—and from small quantities of very old strong wine, to be taken with the meals. In cases of "nervous dyspepsia," however, no positive rule can be laid down which would answer for all conditions. Certain essential indications—the regulation of the diet, etc.—always should be observed, but besides that it is necessary to individualize each patient, and there is a large field left open for careful "trials."

The capricious stomach often cannot be controlled by the most scientific treatment, and the disease sometimes yields to the most absurd remedies.—*Scientific American*.

#### Phosphorus in the Treatment of Chronic Alcoholism.

The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and

no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly  $1\frac{1}{2}$  grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d' Ancona then gives a theory as to its *modus operandi* in three cases, and in conclusion begs that a fair and impartial trial be given the medicine, and that the results be published.—*Virginia Med. Monthly*.

## MONTHLY SUMMARY.

### New Photographic Process for copying Drawings.

The following is a convenient method of reproducing drawings, plans, maps, and line engravings in general. The paper is first prepared by dipping it in a bath composed as follows:—

Distilled water.....10 ounces.

Perchloride of iron.....1 ounce.

Oxalic acid.....4 drachms.

When dry, the paper, if protected from light, can be kept as long as may be necessary. To copy a drawing, the model, on oiled or transparent paper, is applied on some paper thus prepared, and the whole exposed to light in an ordinary photographic printing press. In summer and in the sunlight, an exposure of from fifteen to thirty seconds is sufficient; in winter, forty to seventy seconds; in the shade, during clear weather, from two to six minutes; and, lastly, when the weather is overcast, cloudy, rainy or snowy, from fifteen to forty minutes are necessary.

The paper, on being withdrawn from the press, is placed in a bath containing from fifteen to eighteen per cent. of ferrocyanide of potassium. It is then washed in an abundance of water, passed in a bath containing eight or ten per cent. of muriatic acid, washed again, and dried.

The explanation of the operation is as follows: The perchloride of iron, under the influence of light, is reduced by oxalic acid to a state of protochloride, which is soluble in a solution of ferrocyanide of potassium, while the same potassium salt transforms the perchloride into the insoluble cyanide, well known under the name of Prussian blue. As the black lines of the engraving to be reproduced protect the paper from the action of the sun, the perchloride remains unchanged in such places, and the drawing appears in the copy in sharp lines of a dark blue color on a white ground. The advantage of the process is that a positive picture is obtained immediately.—*Druggists Circ. & Chem. Gaz.*

### Hyoscyamine.

Dr. H. Clifford Gill, in the London Practitioner, thus sums up his experience with hyoscyamine:

"1. That a noisy, violent, dangerous, and troublesome lunatic can easily and certainly be rendered calm for some hours, and probably though not certainly, unless the dose be increased, be sent into a profound sleep lasting many hours. 2. That I have never seen any ill consequences follow the administration of hyoscyamine. 3. That the drug is most useful in acute delirious mania, in the various forms of remittent mania, and it is said also in the congestive (?) stage of G. P. 5. That in melancholia and where there is much depression with brain irritation, little or no good is gained, and it is in these cases, I am inclined to believe, that great dilatation of pupil is met with.

"Many doctors in general practice must frequently be called to cases of acute mania in their early stages, when it is that extreme violence in a private house is so fraught with danger both to the friends as well as to the patient. In such cases I think great benefit would be derived by the administration of a full dose of hyoscyamine; and even if, as is most likely the case, the attack is not out short, yet the patient is calmed and sleeps quietly until other steps can be taken for his after treatment. So, again, many patients suffering from dementia, who are for the most part harmless, and who live with their friends, are now and then liable to attacks of acute brain irritation and become very troublesome, noisy, violent, and dirty. In such as these I think much benefit will be found from this drug given at first in a full dose, three eighths or three quarters of a grain, and continued afterward in one sixteenth to one eighth of a grain dose. As a suggestion it might be quite worth trying in delirium tremens."—*Louisville Med. News*.

### Dropsy Caused by a Diseased Condition of the Stomach.

BY J. C. CAMPBELL, M. D., ALBANY VT.

Richard Haynnes came to me, May 7th, '78, with the following symptoms, tenderness and pain in the stomach and bowels. The bowels were distended with acids, and the feet and legs were very œdematous.

Upon inquiry, I found the history of the case to be as follows:

For the past twenty years he had been troubled with dyspepsia in all of its various forms. Had been doctored by a long list of physicians, had been to Saratoga, &c., and for the last five or six years had taken about fifty pounds of soda per year for acidity of the stomach.

The dropsy was of recent date, he not having been troubled with it more than two months.

My first diagnosis was scirrhus of the liver, but I was soon led to discard this idea, for the reason that I saw him vomit three quarts of matter, with a small amount of vegetable irgesta that had been in the stomach for four or five days; the matter vomited was very acid to test paper, immediately after this he ejected blood and mucous resembling chocolate. My diagnosis from this time was ulceration or cancer.

The symptoms were all simply intensified until the 21st inst. when the patient was seized with a severe paroxysm of pain in the stomach, which soon extended to the abdomen with all the symptoms of peritonitis, the patient dying on the 23rd inst.

An autopsy was held by Drs. Corry, Campbell, Wright and Rich, revealing the following facts, that twelve black cherry stones had become lodged near the pylorus, and had formed a kind of pocket or cavity, thereby keeping up a continued irritation, causing a thinning of the walls under them until an orifice like that caused by an ulcer was made, thus allowing the contents to pass out into the peritoneal cavity, causing the peritonitis which caused his death. The pylorus was thickened and indurated like a scirrhous pylorus.

The stomach, aside from the pylorus was in a healthy state, but enlarged to about four times its normal size.

It was given as the opinion of the physicians present, that the stones had been there from 5 to 20 years.

This case demonstrates one fact that pathologists have as yet said but little or nothing about, and that is, that Ascites and also Anasarca may be caused by a diseased condition of the stomach, as in this case the liver, kidneys, and heart were found in a healthy state.

### Organic Acids for Preparing Hydrogen.

H. Carrington Bolton, Ph. D., has, on experimenting, made the following observations:

Iron, zinc, and magnesium dissolve readily in cold saturated solutions of citric, tartaric, oxalic, and malic acids, as well as in formic (sp. gr. 1.060) and acetic acids (sp. gr. 1.037), evolving hydrogen more or less freely; on heating, the action becomes violent. Magnesium is attacked by citric and other acids violently, the liquid becoming much heated.

A cold saturated solution of citric acid, diluted with half its volume of water, attacks zinc slowly in the cold. On boiling, hydrogen comes off freely, and continues to do so, after cooling, for a long time, the disengagement of gas being slow but steady, and under favorable conditions lasting for twenty-four hours. If the solution becomes very concentrated, some citrate of zinc precipitates, which is, however, soluble in water.

Tartaric acid acts on zinc feebly in the cold; on boiling, solution ensues, and at the same time the liquid becomes milky from the formation of an insoluble tartrate of zinc. On cooling, the solution becomes clear, and a precipitate settles.

Oxalic acid in concentrated solutions attacks zinc in the cold immediately; but the action soon ceases, owing to the surface of the zinc becoming coated with a quite insoluble zinc oxalate. On heating to boiling, the evolution of hydrogen is resumed, but it is again arrested in a short time from the same cause. On cooling, a fine precipitate forms.

For evolving hydrogen gas in Marsh's apparatus citric acid and Magnesium are recommended. By using distilled magnesium and re-crystallized citric acid, the absence of arsenic in the materials used for toxicological researches could be placed beyond suspicion.—*Drug. Circ. and Chem. Gaz.*

### Jaborandi.

In a discussion arising on this new remedy in the Medical Society of Madrid, Dr. Pedro Esquerdo said that he selected cases of rheumatism, pleurisy, pericarditis, dropsies, epistaxis, etc., in which to test the action of the drug. The most important results noticed were irregularity or inconstancy in its action, and the great number of accidents which occurred during its administration. As a sudorific, in his hands, it did not produce the effects he expected. Instead of copious expectoration, salivation, diarrhoea, vomiting, syncope and great prostration occurred. These effects, and others as serious, were produced in different patients; and even the amount of salivation and perspiration also varied in different individuals.—*Virginia Med. Monthly.*

## EDITORIAL.

### PARIS EXPOSITION.

#### Extensive and Elaborate Exhibit of Tilden & Company.

PARIS, June 19, 1878.

The Exposition is well advanced, although we observe new exhibits in nearly all the sections, especially in our own. There is one of which we cannot resist the temptation of giving a detailed account, namely, that of Messrs. TILDEN & Co. The handsome pavilion is in black-walnut and gilt, upholstered in blue granite cloth, bordered with red; it is arranged so as to cover the entire exhibit at night, and during the morning interval of sweeping the aisles. Like the majority of the American and English exhibits, the curtains remain closed during Sunday; a fine gilt eagle surmounts the top of the large pavilion, enclosed by a railing of maroon, black, bronze and gilt. The roof is sky blue. The ceiling is blue satin, with gilt mouldings and rosettes in the corners. The exhibit consists of Solid and Fluid Extracts, Sugar Coated Pills, Elixirs, Syrups, Chemicals, Crude articles, etc., which are in handsome gilt-labeled bottles; both bottles and jars set in alphabetical order on pyramidal counters covered with crimson velvet bordered with gilt; in the centre of the pavilion is a desk upholstered in a style in keeping with all the surroundings, at which the courteous and popular representative of Messrs. TILDEN & Co. presides. This desk is behind a brass railing highly polished, around which, visitors are allowed to walk. We cannot speak too highly of the taste displayed in the choice of colors, the carpet being mottled black and red, in harmony with the velvet on the cases. We learn that Dr. Merkel, at this early date, has rendered professional service to more than fifty of our exhibitors and commissioners, marines and sailors, who were suffering from malaria and other diseases.

During the late Turco-Russian war, Tilden & Co. shipped large quantities of Bromo-Chloralum for hospital use with very favorable results. It must be borne in mind that since the disciples of Mahommed cannot enter heaven with their limbs cut off, they prefer death to amputation; the Bromo-Chloralum, diluted in water and applied on lint to the wounds, in many cases removed the necessity of the surgeon's knife. Large quantities of their medicines are consumed, not only in the United States, but also in Canada, South America, Cuba, Sandwich Islands, Japan, England

and Australia. The firm contemplate opening a branch house in London next year in order to supply the foreign market. Tilden & Co.'s exhibit is the largest and finest of its kind in the whole Exhibition—highly interesting and instructive to foreigners, to Frenchmen in particular, who had no idea of the importance and rank of our chemists and manufacturers.—*Correspondence of Hudson Republican.*

#### Elixir Iodo in Scrofulous Swelling and Abscess.

We give a letter from Mr. Bogle, which fully explains itself. Some four years since, he called at our store in New York; his specific enquiries as to the Elixir Iodo were referred to the writer: he stated his case, and that he had exhausted his slender means in medical attendance, and really was not able to pay anything more on uncertainties, the case constantly proving worse. He had been advised by a physician to try the Elixir Iodo. Understanding fully his situation, we gave him Elixir Iodo for internal use, and Solution Iodo for external use, with the Bromo-Chloralum to remove the foul odor, and shortly called with Dr. Fleming of the Hospital, who had had much experience in its use: he found a condition of things much worse than he had understood from Mr. B. The doctor advised an uninterrupted use of the Elixir, with the Solution as well as Bromo-Chloralum, and we promised Mr. B. all the medicine he needed, without charge. It will be seen that a persistent use has resulted in a cure.

NEW YORK, March 10, 1878.

Gents:—I have waited nearly a year since my wife's cure was fully effected, before writing you. I desire to state fully, for the benefit of those who may be similarly afflicted, her case.

In 1874, on her journey from California to New York, she took a severe cold which settled in the corner of her right eye, and nose, and developed into an enormous swelling and abscess. After her arrival in New York, I consulted a physician; he attended her awhile with no benefit. I then consulted another physician, and he attended her for a long time but with no benefit, and gave up the case as hopeless, and said she could not live. I then took her to Prof. Wood, but could not stand the expense; what he did for her was of no more benefit than that derived from the others. At this time she had lost her sense of taste and smell, and the roof of the mouth became involved as well as her throat, which was so bad she could hardly take her food, so severe

was the disease that she was almost crazy with pain.

It was then your Elixir Iodo-Bromide of Calcium Comp. was mentioned to me by a physician, as an article that might benefit her, I called at your store and met you and stated my situation, and you kindly gave it to me, and subsequently called with Dr. Fleming and examined the case, and gave her full directions.

She commenced its use, and at first it did not appear to do much good for the case was very aggravated, and the odor from it was very bad. She resolved to pursue the remedy as her only chance: in due course she began to mend; her progress was slow, for we had a terrible malady to contend with. It is now nearly a year since she called herself cured; we have waited, fearing it might break out again, but there are no indications. She is growing stronger, and her sense of taste and smell have all come back.

I cannot say too much in favor of this remedy, and thank you for your kindness in the days of my trouble. Yours, JOSEPH H. BOGLE,  
370 West 52nd St.

#### **Elixir Iodo in Pleuro-Pneumonia.**

Extract from letter of Dr. WENCESLAS SMITH, St. Thomas de Pierreville, Quebec, Canada, June 20th, 1878.

"I wish to state that I have used the Elixir Iodo-Bromide Calcium Comp. in my practice, very extensively and with the most beneficial results. I have recently had occasion to prescribe it in the treatment of a severe case of Pleuro-Pneumonia of several weeks standing, and which had nearly attained the third stage, and was equally surprised and gratified by its prompt, remedial action. No physician should underrate the value of this excellent remedy in cases of pulmonary degeneration."

#### **Elixir Iodo-Bromide of Calcium Comp. with Bi-Chloride of Mercury.**

There are cases constantly occurring in the practice of Physicians, in which the impression of mercury is required, and it has been the custom of many in the most inveterate cases of Scrofula, and particularly in that of Scrofulo-Syphilis, to give for a week this combination of one-one hundredth of a grain to each fluid dram, and then resume the Elixir without it, alternating as circumstances indicate. In this special combination, we have increased the Stillingin and other alteratives specially applicable to the treatment of Syphilis and its complications.

Also we have added to our list the Elixir Iodo-Bromide of Calcium Comp, with Iodide of Potassium. This will give to each ounce, 72 grains of the Iodo-Bromide Salts with 32 grams of Iodide of Potassium.

Many physicians have suggested this combination to relieve them of the difficulties of preparing it as they need it in specific cases.

Lead Hill, Boone County, Arkansas, June 28, 1878.

Gentlemen:—I am happy to say to you, that you prepare some most valuable compounds; your Elixir Iodo-Bromide of Calcium Comp. is an excellent medicine, and is especially adapted to a great variety of old chronic diseases, and it makes but little difference what the morbid condition depends upon, a persistent use of the Iodo is almost sure to benefit and give good satisfaction to the patient, and will often entirely eradicate the depending cause of the complaint.

Your Bromo-Chloralum cannot be surpassed by any other preparation of its kind, and it is ahead of all when used for a disinfectant, that I ever met with. It is an excellent remedy when properly used for Burns, Scalds, and old chronic sores, and is palliative and curative when used as a wash in mercurial salivation. You also prepare some valuable fluid extracts and as each remedy in the Materia Medica has a special indication in diseases, it should be the aim and duty of the manufacturer to prepare them as a reliable as possible.

Medical men should be careful in their purchase of drugs, for worthless trash that is put up and sold under the name of medicine is disheartening to the physician and an abomination to the sick, and if all the medical profession would entirely reject the spurious articles when offered to them, it would eventually put a stop to this swindling business among a great portion of those that term themselves druggists. It is a matter of impossibility for medical practitioners to advance in the science of medicine any further than they are, as long as they persist in buying and using stuff that is too vile and worthless to go into the human stomach. We will take for instance, a case suffering with the following conditions:

The patient comes to you saying, that he has been ailing for some time, that he has tried several doctors, many patent medicines, and many other things and yet he is still on the decline—nothing has done him any good. You examine him closely, and you find no structural disease, but yet seeming that most everything is out of order, the appetite is irregular, the bowels either a little constipated or too

loose, tongue coated, showing a yellow tinge, with strong taste in the mouth; feels dull and sleepy, color of skin, yellowish, with greenish tinge, and an impairment of the capillary circulation, with feet inclining to get cold, dull headache and back ache, and now for the treatment. You would at once say Aconita, Belladonna, or Nux Vomica, and if your medicines were reliable, and properly used, you would have no trouble in curing your patient; but otherwise, if your remedies were worthless, you would do the case no good, and he would soon pass from your hands to some other doctor's, that probably would recognize the disease, give reliable drugs and benefit his patient, when you would have done the same if you would have taken the precaution to buy nothing but what is good.

Yours Truly and Respectfully,  
 SILAS C. TURNBO, M. D.,

#### Firwein, &c.

Letter from A. J. EIDSON, M. D., Coatesville, Mo., June 22, 1878.

Gentlemen:—I have a remarkable cure to report to you from the use of Firwein, in the case of my brother-in-law, (E. H. Wheeler,) formerly a mechanic and machinist, and of late years a lawyer by profession. About a year since he was attacked with "spitting blood," with a severe and distressing cough. His wife wrote me for advice, about three months since, and my answer was, to get Firwein and take regularly. A short time since, my wife received a letter from Mrs. Wheeler, containing the following:

"We received a kind letter from Doctor, recommending 'Firwein' for E. H.

He was gone when I received it, but I sent it to him and he commenced its use, and I am happy to say, with the most satisfactory results. It seems to have nearly entirely cured him. He was home for a week: started away last Thursday, and he seems like himself again. This is worth more to us than hundreds of dollars would have been."

I find your Diphtherine to be a *specific* in Diphtheria, Scarlet Fever, and sore throat of every kind.

The Elixir Iodo-Browide is one of the finest Blood medicines I have ever used. In obstinate cases of Prolapsus Uteri it is the best constitutional remedy with which I have met, given along with the bitter tonics, with rest, Hygiene, &c.

Your Journal is much improved, and is one of the best devoted to *Materia Medica*. I have not failed to receive it for years, and through it, I

have been led to use Tilden's Standard preparations almost exclusively, and I can say with truth that they are the most reliable in the market. They have never disappointed me in a single instance.

Letter from S. W. FRAME, M. D., Belleville, Jefferson Co., N. Y., June 15th, '78.

"I take pleasure in adding my testimony to the efficacy of your preparation of Firwein, in the treatment of pulmonary disease. I have used it with marked success in a number of cases of late."

#### Bromo-Chloralum.

Extract from letter O. M. NORMAN, M. D., Roseville, Ohio, June 27, 1878.

Sirs: As I have changed my location and have not received your valuable Journal for some time, send it to the above named place, that, in case any new remedy is discovered, I may have the advantage of it, as I am using your preparations and it seems as though it would be impossible to practice without them. Your Bromo is not surpassed by anything to my knowledge, for the treatment of diseases of the mucous membrane. I use it in the following proportions:

Bromo-Chloralum.....	3 ii.
Glycerine.....	$\frac{3}{4}$ i.
Distilled water.....	$\frac{3}{4}$ vi.

Use as an injection and it never fails in my hands.

#### Post Partum Hemorrhage.

Andersonville, Ind., June 18, 1878.

*Editor Journal Materia Medica:*

Allow me to state in reference to the article on page 118, June No. 1878, entitled Hyatt's method for treating Post Partum Hemorrhage:

That the use of the ordinary rubber condom, was suggested to me years ago inflated by the Davidson syringe with atmosphere or water to distend the uterus when such hemorrhage was troublesome. Nothing except actual experiment will convince me of the enormous distending capabilities of this article, while its easy introduction is patent to all. It has been questioned whether such mechanical distention of the uterus is the proper treatment for this complication of labor.

None can, however, question the cleverness of the suggestion that offers to utilize a means which



having failed to prevent a catastrophe, proposes to spread itself to hinder a fatal result.

If any who read this will thread or wire the tube of a Davidson, in one of these gutta purchase cœcums, and distend with air or with tepid or iced water—the experiment will repay well, both in practical suggestions and astonishment.

JAMES P. ORR, M. D.

[NOTE. We would commend and suggest the application of ice to the interior of uterus, and taxis to external parts—a method which in our hands has proven prompt and efficient in one or two very severe cases of post-partum hæmorrhage.—*Ed'r.*]

#### Maltosine.

This article is prepared from malted Barley, Wheat and Rye.

The combination has been suggested as desirable, inasmuch as it gives an Extract rich in Phosphates, Phosphoric Acid and in other mineral elements, as well as in Maltose, Sugar of Malt and other nutritious elements. We have not space in this number to explain in detail the analysis of each, and will endeavor to do so in the next number.

#### Extract of Malt and Pepsin.

Extract from letter of GEO. LINEWEAVER, Esq. Lebanon, Pa., June 8th, '78.

"I have found your Extract Malt with Pepsin an admirable remedy for Dyspepsia, having used it successfully in my own case. My father who is a practising physician, uses your preparation of Firwein with excellent results."

#### Extract Aconite.

CHARLESTON, S. C., May 18, '78.

Messrs. TILDEN & Co.:

Dear Sirs—My friend Dr. P. G. DeSaussure, in a state of health, took  $\frac{1}{2}$  grain of your Extract of Aconite three times a day—taking three doses. It reduced his pulse from 84 to 48, when he desisted. This was followed after each dose by diarrhoea, nausea, pain in the stomach.

It is very important to have so reliable a preparation for aconite. Yours sincerely,

F. PETER PORCHER, M. D.

#### Riverside Magnetic Mineral Springs.

DETROIT, MICH., May 6th, 1878,

Messrs. TILDEN & Co.:

Gentlemen—I will give you the Analysis of the Riverside Magnetic Mineral Springs

One Wine gallon contains:

Carbonate of Lime.....	16.895 grains.
Sulphate of Lime.....	114.554 "
" Magnesia.....	44.818 "
Chloride of Magnesium.....	25.962 "
" Sodium.....	81.789 "
Sillicic Acid.....	Trace.

Total Solids.....nearly 283

Sulphuretted Hydrogen..... 6.999—19.02 Cu-  
inches Free Carbonic Acid.

The water flows a strong 5 inch stream from a depth of 220 feet below surface, is on Fort street, West, just outside the city limits of Detroit, Mich. This is its third year in use. Its three bathing houses are now kept in constant use by our citizens. It has worked wonders in rheumatic, and cutaneous affections.

Respectfully yours, F. M. SAUNDERS.

#### Dr. Warren-Bey.

Dr. WARREN-BEY, late Surgeon-in-chief of the Kedive Army is now located in Paris, and has been appointed Surgeon and Physician to the Governor McCormicks Staff. The Marine Corps and Officers in charge of the American Section of the Exposition who will be under his charge, will appreciate the attendance of so able and accomplished physician.

The Doctor proposes to give our Journal some interesting letters, as his leisure will allow.

#### Literary Announcement.

Messrs. Cassell, Petter & Galpin, No. 596 Broadway, New York, announce that they will publish this month, Dr. Ghielani Durants last work, "Horse-back riding from a medical point of view."

The book is not a manual to teach how to ride horse-back, but goes deeper into the subject. It explains the mechanism of horse-back riding, and reviews its physiological, therapeutical, and hygienic effects.

In short, it shows all the good that can be derived from horse-back riding.

#### Journal Materia Medica.

Extract from letter of S. N. ECKERS, M. D., Walnut Bottom, Pa., June 25, '78.

"I find your 'Journal' a most interesting, scientific and every way valuable medical and surgical periodical."

Letter from S. M. DAVIS, M. D., Hermitage, Bradley Co., Ark., June 4th, 1878.

"There is no Journal; that I appreciate more than yours; it is scientific, progressive, and up with the times. It keeps me posted in all new remedies and their *modus operandi*."

I have used some of your Fluid Extracts, and Sugar-Coated Pills, with very happy effect.

THE  
JOURNAL OF MATERIA MEDICA,  
A Monthly Journal Devoted to  
MATERIA MEDICA, PHARMACY, CHEMISTRY,  
AND NEW REMEDIES.

New Series.]

August 15, 1878.

[Vol. XVII.—No. 8.]

On Internal Parasites.\*

BY W. SMART, MEMBER OF THE PHARMACEUTICAL SOCIETY.

The study of *Entozoa* might appear, without a little reflection, to be a most unpromising, nay, even a disgusting subject to follow up, necessitating the searching for and finding creatures that, as their name implies, live in the bodies of animals, and, as we know full well, in the body of man himself. Though the search and study have to be prosecuted under the most uncanny circumstances in the bodies of both the healthy and the diseased, and in the matters voided from them, yet, notwithstanding these, which might be to some insuperable obstacles, the study of this as of every branch of Natural History soon becomes most fascinating, and the paths necessary to attain the pleasure and joy of meeting with some long looked for or perhaps new species, are unnoticed in the eagerness with which they are examined and their habits and associations made out.

The pleasure to be derived from this source, then, is one reason why the study may be pursued. As these creatures infest our bodies, nearly every portion of which may become resting places for one or other species of *Entozoa*, a second reason is clearly established why we should study them: that by knowing their habits we may, as far as possible prevent their entrance by learning what to eat, drink, and avoid, and how to prepare our food, so as to reduce to a minimum the possibility of an invasion. Surely, too, those whose avocation is to prepare remedial agents, and whose opinions may be asked by those with whom business brings them in contact, ought certainly to know something, not only of what is prescribed, but also of the purpose for which it is prescribed, so that they may have an intelligent interest in their work, and not be altogether as "dumb driven cattle," though they may not aspire to be "heroes in the strife."

\*Read before a meeting of the London Chemists' Assistants' Association.

The strange metamorphoses of the butterfly and other insects have always excited feelings of wonder and surprise, and have been the favorite similes of poets and divines; and although I cannot claim that the changes of internal parasites could be as poetically employed, yet their metamorphoses are much more wonderful and quite as varied. With them the eggs containing embryos are perfected in one animal or "host," while yet within their parent worm; then it is necessary that these eggs should be swallowed by another animal in order that the contained embryos may be set free and develop in that animal into the pupal or cysticercal state, this animal being the first "host." The pupa's further development into the perfect and sexual worm depends entirely upon the chance of its being devoured by another animal, and hence the remarkable fact that the intermediate metamorphosis is always performed in an animal lower in the zoological scale than that in which the perfect worm appears, for the universal law of nature establishes that the higher prey upon the lower, and hence if the intermediate form is found in the herbivora, the perfect stage must be looked for in the carnivora.

But man, who has the dental system of a vegetable feeder is enabled by means of fire, the production and maintenance of which is enjoyed by him alone, to cook and prepare animal food; so that by this privilege he is invaded by those parasites peculiar to both classes—a very sorrowful reflection indeed to us who consider ourselves the lords of creation. Gosse says:—"Few things are more calculated to humble the arrogance of man and to stain the pride of his glory than the knowledge that he carries about with him and in him multitudes of creatures that fatten on his flesh, dwelling securely among his organs and tissues, and rioting unmolested in his solids and fluids." Van Beneden, the eminent helminthologist, says: "It is now known that every healthy animal living in freedom contains *Entozoa* almost as invariably as the organs which support its life; and it is not a matter of doubt that parasites often play their

allotted part in the economy, their absence as well as their presence may be the cause of inconvenience. The Abyssinians do not take medicine when they have *Tœnia*, on the contrary, they are never in better health than when they harbor several *Tœnia mediocanellata*." He says, further, Do we not find medical men calling in the aid of the leech, a parasitical animal? and no one can foresee all that science has a right to expect from the salutary effect of certain parasitical worms on the system. There are, if we mistake not, many discoveries in store for observers in this order of investigation. We should not even be astonished if the administration of certain worms, internally should be prescribed as a remedy; there are many kinds of parasites, and their therapeutic effect may perhaps in the future form an interesting subject of study. He says, "Perhaps," but we know of the good effects of counter irritation, and one disease has frequently been set up to neutralize the effects of another, to wit vaccination.

The necessity for the presence of *Entozoa* appears to be only for animals in a wild state, for then occasions frequently happen when the stomach and intestines are over-loaded with the bodies of their prey, including much extraneous matter with hair, bones, &c.; in such cases these intestinal worms, continually moving and perhaps appropriating part of the mass, not only tend to break it up, but also to increase the peristaltic action of the intestines in fact, they act much in the same manner as the common earth-worm does in heavy soils.

The common tape-worm of man, the *Tœnia solium*, got from eating "measled" pork, will illustrate the ordinary metamorphosis of these creatures.

The eggs which have passed *via naturale* from a human being, after waiting their time, and suffering many vicissitudes, at last, through the medium of a dunghheap upon which all refuse is cast, or by the drainage of the land into the water supply, gain entrance into the pig's stomach. Very shortly after ingestion the minute embryos are set free by the softening and solution of their shells by the gastric solution of their first host's stomach; each of these little creatures is called a *proscœlex*, and the entire hatching "the six-hooked brood," on account of possessing three pairs of hooks or spicules, by which they are enabled to bore through the walls of the stomach and intestines, and so push their journey until they arrive in the substance of the muscles or any organ of the body. Here they loose their hooks, a cyst or bag develops round them, a caudal vesicle is formed with a head bearing a crown of hooks and four sucking discs; a rudimentary body also exists. In this condition it is known as a scolex, or nurse—popularly as a

"measle." Further development in this host is impossible, and if the invasion of embryo has not been excessive, so as to cause the death of the pig, it will only have become sickly, and its flesh soft and flabby. By degrees the health of the animal improves, and if not falling into the hands of the butcher the cysticerci as they are termed, become calcified and dead. But if before their potentiality is lost they are taken either with the raw or imperfectly cooked flesh into our own bodies, the sac becomes ruptured, the caudal vesicle is detached, the crown of hooks unfolds and secures safe anchorage—for which purpose only the head is employed—in the walls of our intestines. From the neck the embryo body now develops a series of joints, termed proglottides (from *glottis*, a tongue), by a process of intercalation of fresh articulations; each of these soon becomes sexually mature, containing male and female elements, the older being by this means the furthest from the head, *i. e.*, the original scolex, or nurse. It will be seen that the entire worm is really a colony in single file, and it is known scientifically as the *strobila*. The dendritic ovary of each segment is charged with innumerable eggs, each of which develops its embryo before that portion of the worm in which it is included is detached and passed from this its second host, and is thus ready to start afresh another cycle of its existence.

The necessity for a double host is peculiar to all intestinal worms; and some, as the flukes—that kind which causes the rot in sheep, and is so frequently found in their livers, and which causes annually the death of between one and two millions—besides living free in their embryonic state, become twice encysted before attaining their sexual condition in their final host. There are others still whose itinerary has not yet been made out.

Respecting the intermediate or larval state of helminths it will be interesting to notice that until very recently their existence was considered a convincing proof of spontaneous generation; for what was more natural to suppose than that these cystic worms, as they were called, being found in great numbers and in parts of the body apparently quite removed from the possibility of any external contamination, were produced by the system itself?

To return to our common tape-worm. Seeing that its length is from 10 feet to 15 feet, its presence is productive of much inconvenience and suffering—such as vertigo, fits, dyspepsia, and pains in different parts of the abdomen; but the symptoms are never of themselves sufficiently characteristic to decide their presence; a proof of the passage of part of the worm is absolutely necessary. The evacuation of these worms has frequently removed

many distressing symptoms which the irritation caused by their presence had set up—such as irritability of the bladder, convulsions, hysterical fits, and mania.

But the more dangerous and disastrous consequences occur to human beings when we nourish the larval or cysticercal form—when the tables are turned, and instead of the pig, we become “measled.” More than 100 deaths have been referred to this cause alone, the larvae having located themselves in the brain or spinal cord, or any other suitable part of the body. In many instances their presence has not been suspected. An old man, aged 77, died in France of pulmonary catarrh, age, and a fractured leg; and yet *post mortem* 2,000 cystic worms were found. As the hatching of tape-worm ova may be productive of such serious consequences, it behoves us to be careful how we handle these worms, and to enjoin a like care upon others, for they (the eggs) are so exceedingly minute that although many might adhere to the hands they would escape detection, and if dried the slightest air might waft them into the mouth and nostrils, or they might adhere to the legs of flies, and be deposited in our milk or sugar. As the segments are passed involuntarily from a person bearing them, a strict watch should be kept, and care taken to destroy the pieces while moist, preferably by burning them.

The presence of the larval form of another tape-worm, *Tænia Cœnurus*, causes in sheep the disease commonly and differently known as the gid, staggers, sturdy, turnsick, goggles, vertigo. The cysts gain a large size, and cause the bones of the skull to become thin and honey-combed.

The *Tænia Echinococcus* is a very small tape-worm, in its mature condition infesting the dog and wolf. Its length is only a quarter of an inch, and includes the head and four segments only; yet in its larval state it causes more injury to mankind than all the other species of *Entozoa* put together, and is more certainly the cause of death than any other internal parasites.

Professor Cobbold states his belief that nearly four hundred deaths occur annually in England from this parasite alone. The embryo hatches out in the ordinary way, and is carried to the liver by preference, though any other organ of the body will support it. There it develops into the hydatid tumors so well known to surgeons, these containing a great number of *Echinococcus* heads, so that one egg may produce thousands of tape-worms. Man is not the only bearer of these larval forms. Monkeys, sheep, oxen, deer, the horse, ass, and several feline animals are also liable to invasion. In Iceland one death in six is oc-

casioned by the hydatid disease. The peasants keep large numbers of dog, so it can be readily imagined how easily the food and water may be contaminated. Birds harbor many beautiful *Entozoa*, but they speedily lose their form after the death of their host; a few hours, therefore, only must elapse before they are looked for and examined.

The following extract is from a cookery book:—“Cover the woodcocks without opening them, with vine-leaves and slice of bacon, and, having roasted them, send them to the table with the gravy.” The thought of such a dainty dish makes one’s mouth water; but at the risk of spoiling such luscious fancies, I will give an extract from Van Beneden:—“Woodcocks and snipe always have their intestines stuffed full of *Tænia* and their eggs. Every bird contains them by thousands. Fortunately we cannot be affected with the *Tænia* of the snipe and woodcock.” The last sentence is satisfactory, but how about the gravy perhaps thickened with microscopic eggs?

Another form of parasite, perhaps more frequently brought to the notice of the chemist and druggist, is the round-worm (*Ascaris lumbricoides*) frequently expelled from children, and occasionally from adults. These worms belong to the order *Nematoda*, or thread-like worms. They are all long and rounded, and representatives of this order take up their abode in animals of all classes. About a thousand varieties are known, varying in length from 1-22 inch to 15 inches or 20 inches. They are not all parasites, some being found in the sea, others in damp earth, in putrid matter, or in plants. The most familiar examples of the parasitic *Nematoda*, infesting man are the round-worm, the thread-worm, the *Trichina spiralis*, and the Guinea worm. With the exception of the *Trichina*, we have not a thorough knowledge of the entire life-history of any of these species.

The round-worm is commonly found in the stomach and small intestines of children in good health, though of course its presence may produce many unpleasant symptoms. It resembles the common earthworm in size and general appearance, the males measuring 4 inches to 6 inches in length, and the females from 10 inches to 14 inches. The body is smooth, fusiform, and elastic, marked with numerous fine transverse rings. The head possesses three prominent oral papillæ, readily visible with a small pocket lens; during life these are movable, and doubtless their combined action is snatorial. The oral aperture, without any other special appendages, passes into a strong muscular œsophagus about half-inch long leading to a stomach, intestine, and

cloacal chamber. The eggs after expulsion *per anum* from their host, complete their development in open waters, and it appears that a period of six months must elapse before yolk segmentation and consequent embryonic formation can take place. The fully developed embryo is cylindrical, about 1-100 inch in length. The mouth is not furnished with the three characteristic papillæ. Further experiments are needed to ascertain whether they have to undergo wanderings in other hosts, or are directly transferred from river and pond water to the human stomach. Several individuals of an allied species, *Ascaris mystasi* of the cat, as well as an astonishing number of the larvæ of a coleopterous insect, the *Blaps mortisaga*, "which inhabits such situations as churchyards," were expelled on several occasions from a woman. She had, from superstitious motives, drank water mixed with clay from the grave of a clergyman or priest under the impression that she would thus be freed from "disease and sin." An infant aged 11 months, most carefully nourished, passed eight worms; it is supposed they were contracted by chewing celery which its nurse had given it, the medical man stating in his report that the market-gardens near large towns are often watered from ponds and streams which may contain all kinds of abominations.

The *Ascaris lumbricoides* sometimes migrates from its proper habitat—the small intestine, not only by the mouth, nostrils, and anus, but also, it would seem, by perforating the intestinal wall; for they have been evacuated by ulceration through the parietes of the abdomen, and several fatal cases of intestinal perforation have been recorded. One patient was rendered a lunatic by being the bearer of a single *lumbricoides*. Fortunately, whether introduced by the water we drink, or by the flesh of some quadruped, fish, or fowl, representing its intermediate host, their expulsion is not a matter of great difficulty. Santonine is the usual and effective remedy.

The next very common *Nematode* is the *Oxyurus Vermicularis*, or thread worm. They are of all parasites infesting the human body those about which the medical practitioner is the most consulted, on account of their remarkable frequency in children, but more particularly on account of the extreme difficulty of getting permanently rid of them. They are by no means confined to children, seeing that some adults are troubled with them even to old age. The habitat of these worms is the terminal portion of the intestinal tube, and they are particularly numerous in the sigmoid flexures of the colon. The male measures scarcely 1-6 of an inch, while the female varies from  $\frac{1}{2}$  inch to  $\frac{1}{2}$  inch nearly. The latter

is especially characterised by a long and gradually tapering capillary tail, which is said to act as a holdfast. The caudal extremity of the male is obtusely pointed. The anterior end is narrowed so as to form a somewhat abruptly truncated head, which is often rendered very conspicuous by a uniform transparent bulging of the integument surrounding the mouth, and presenting in profile the aspect of winged appendages. The reproduction is oviparous, more than 3,000 eggs having been found in one individual; and as a colony of many thousands, of which more than three-fourths are females, may exist in a patient, the species stands a very good chance in the struggle for existence. We, unfortunately, know very little of the development of these parasites, so that not knowing their entire life-history, we cannot take measures to prevent their entrance into our bodies; we can only alleviate the distressing symptoms they frequently cause, and get rid of as many as possible by some anthelmintic or purge. Cobbold states that the best thing to do in bad cases is to give oft repeated doses of enemata; these may consist of cold or tepid water, to which it is as well to add a little salt or anise-oil—some practitioners add assafoetida, quassia, or wormwood.

The *Trichina spiralis*, also called the flesh worm, was discovered about the year 1832; several times had hard calcareous particles been found in the muscles of dissecting-room and other subjects, and in such numbers as often to turn the edge of the scalpel. In that year a Mr. Hilton sent a specimen to Professor Owen, who recognized the worm, and named it from its resemblance to a coiled hair. Certain mysterious and fatal epidemics that had occurred on the Continent were soon associated with this creature, and caused great consternation. The larval forms measure about  $\frac{1}{16}$  inch by  $\frac{1}{30}$  inch. They have been found in the flesh of almost all mammalia. The larval worms being taken by man along with raw or underdone pork—the pig being the animal most liable to their visitations—are speedily set free as digestion proceeds, and as the intestinal canal is their proper habitat, there they thrive and prosper, and in two days become sexually mature. On the sixth day the young progeny is born viviparously; they soon after commence their wanderings towards the muscle flesh of their hosts, where they remain encysted, and after awhile degenerate and become calcareous, for in man, not being cannibal, their itinerary finishes. As regards the number of larval *Trichinae* that may be in any host at a time, it must be extremely variable; but there cannot be a doubt but that it may amount to many millions—

perhaps between 20,000,000 and 30,000,000.

When an invasion of much severity occurs, dangerous inflammatory symptoms are produced, severe pains, resembling acute rheumatism, are experienced, and the attack of trichiniasis frequently terminates in death. But if the shock occasioned by the invasion is overcome, the enclosed larvæ do not appear to cause any inconvenience.

The last of the four *Nematodes* commonly infesting man I need not say much about as it is never found in this country, being restricted to a comparatively limited range. The Guinea worm (*Dracunculus medinensis*) occurs endemically in Arabia Petrea, on the borders of the Persian Gulf and Caspian Sea, on the banks of the Ganges, in Upper Egypt, Abyssinia, Guinea, and several West Indian islands, especially Grenada. The embryos exist in pools, rivers, and damp ground; they generally attack the feet and legs, being the most exposed parts. They insert themselves in the subcutaneous and inter-muscular cellular tissue, and develop into perfect worms, sometimes attaining the length of 12 feet. It is only the female that thus attacks man. The method of extraction is to wind the projecting end on a piece of wood, and by gentle traction to pull out the entire worm, care being taken not to break it. This operation usually takes some days to perform.

The rapid and chatty glance we have given to these few parasites goes to show that *Entozoa* might be almost entirely kept from invading us if strict attention were but paid to cleanliness and good sanitary arrangements, both as regards ourselves and the creatures supplying our food; and perhaps the day is not far distant when, chiefly by the above means, these and other ills and epidemics will be nearly banished from us, for in most instances it is that which has passed from the bodies of animals and ourselves that is the chief contaminating source.—*The Chemist and Drug.*

#### Russian Physicians.

The *Pall Mall Gazette* runs at everything Russian, her physicians being among the criminals. Says a correspondent of that journal:—"A man had better not fall ill while in a Russian country town, for all the doctors outside the large cities are believers in phlebotomy and violent purgatives. They prescribe tea, but drug it without telling you, and the effects are felt for days afterwards. Their fee is anything you like to give; but whatever you may offer, they will be sure to ask more, and must therefore be dealt with as bluntly as tradesmen."—*Chemist and Druggist.*

#### Asclepias Syriaca.

BY J. P. THOMAS, M. D., PEMBROKE, KY.

In No. 14, Vol. 5, of the *Medical News* is an article from the pen of H. K. Pusey, M. D., of Garnettsville, Ky., on this plant as a remedy in dropsies.

The doctor requests the experience of others in its use; and, having had quite an extensive experience with it, I have concluded to present, briefly, a statement of some of its effects as I have observed them during a period of fifteen years.

I have employed it in all the forms of dropsy and with the best success in scrofula, and in peculiarly stubborn skin diseases I have gotten good results from it. As stated by Dr. Pusey, it is mentioned by very few writers on *materia medica*. Griffith, in his "Formulary," only mentions it as a diaphoretic and purgative, and says it is a popular remedy in diseases of the respiratory system, and especially in pleurisy.

I have used the three varieties of the *Asclepias* described in the United States Dispensatory. There are two others which I have seen, but have had no experience with.

*Asclepias tuberosa*, *A. incarnata*, and *A. syriaca*, all I think, possess very similar medicinal properties; but the last mentioned I have more knowledge of than of either of the others, first, because it seems to possess more alterative powers; second, because it grows in greater abundance in this region; besides, I was induced to try it in the treatment of strumous affections through the recommendation of my brother, Dr. E. Thomas, of Port Gibson, Miss., formerly of Rocky Springs, and it was this variety he used.

By reference to Wood & Baché's Dispensatory, ed. 1854, page 124, article "*Asclepias syriaca*," it will be seen that the authors insert in the text an extract of a letter from Dr. Thomas, in which he states he has employed the root in scrofula with great success, and with advantage in dyspepsia. He refers also to Dr. McLean's use of it in scrofula twenty years prior to the date of this letter, 1850. Dr. Thomas also says he was induced to employ it from observing the use of it by planters in the treatment of scrofula among their hands.

I have used it, as before stated, in every form of dropsy, and with decided benefit in every case, no matter what its origin; but it is only in hepatic dropsy, or that character of dropsy produced by engorgement of the liver, that I have never failed to cure with silk-weed. It is specially alterative to the liver, and in many cases is superior to either podophyllin, leptandrin, or calomel. It is a diaphoretic, and in large doses an emetic.



I have not discovered any special anodyne effect from its use, except, perhaps, it may secondarily exercise some hypnotic action by virtue of its relaxant effect as a diaphoretic.

I have been equally as successful in the treatment of hepatic and some forms of renal dropsies with the *asclepias* as Dr. Pusey, and can in the main indorse his statements as to its value in the management of dropsies in general. But aside from dropsies of hepatic origin I have attributed its good effects to its cathartic and diuretic properties only; it seems to act by reducing the engorgement of the liver, and in this way removes the cause, and the cure is permanent. This was so in quite a number of cases which I could report in detail from notes, were it necessary.

In no case has it failed to remove the water, when used in doses as large as the stomach would bear short of emesis, and in the majority of cases permanently, with the addition of proper adjuvants, except, of course, in those cases of cardiac origin and nephritic origin; and in two such cases it proved of great benefit.

In one case of Bright's disease not very far advanced, with *asclepias* and *jaborandi* the patient was cured. The latter, I am convinced, is the best remedy in this disease I have any knowledge of, but have not given it a trial in a case much advanced. It is in scrofula, however, that I have found it peculiarly valuable, and almost equally so in some forms of chronic skin diseases.

There are, I think, very few cases of scrofula that will not be greatly benefited by a persevering use of *asclepias*; and when combined with *Phytolacca decandra* I know of no prescription comparable to it in this disease, aided by malt or cod-liver oil when indicated. Especially is this true with the disease as it appears in the negro, on whom it seems to act with peculiar efficacy.

My favorite formula is the following:

B Strong decoction *asclepias syriaca*.  $\frac{3}{4}$  xij;  
Decoction *phytolacca decandra*. . .  $\frac{3}{4}$  iv;  $\frac{1}{2}$ ;  
Pure whisky. . . . .  $\frac{3}{4}$  vj;  
White sugar. . . . .  $\frac{3}{4}$  iv.

M. From one half teaspoonful to two table-spoonful thrice daily, according to age and effect produced.

This will also be found a good vehicle for the salts of iodine or arsenic. I have treated successfully many cases of scrofula with this formula variously modified to suit each individual case. A tincture, prepared by cutting into thin pieces two ounces of the fresh root, and covering it with a pint of alcohol, allowing it to macerate for fourteen days, is the

most convenient form in which to administer the drug as a simple cathartic or as an alterative and laxative in diseases of the skin. Where its diaphoretic action is specially indicated I give the infusion. It possesses three properties that render it peculiarly adapted to the treatment of skin diseases, namely, diaphoretic, cathartic, and diuretic, all eliminators of morbid matter, in addition to its alterative powers. I have not observed any beneficial effects derived from its use in dyspepsia, except in very small doses it seems to increase the appetite and to correct flatulence. It will cure many skin diseases, assisted by proper local treatment and strict attention to hygiene—diseases, too, without discoverable relationship to struma or malaria as their cause; and, as I have been unable to discover the least antiperiodic or antimalarial property in the weed I am forced to the conclusion, that there must be quite a number of skin diseases besides the exanthemata that have their origin in some other cause than struma or malaria. Therefore, with due deference to the opinions and theory of my learned friend, Dr. L. P. Yandell, I venture to express the opinion that malaria is a most over-ridden etiological hobby before the profession.—*Loui. Med. News*.

For Journal *Materia Medica*.

### An Epileptic Seizure Followed by Chorea and Aphasia.

W. A. GROVE, M. D., VICTORIA, ILLINOIS.

Sometime during the latter part of December, 1868, I was called to see a little boy ten years of age, who had been subject to epileptic seizures for four years, occurring with marked periodicity once a month. He was a very frail child, anæmic, fair complexion, light hair and blue eyes, with all other accompaniments indicative of a strong scrofulous diathesis. When I reached the house, some eight miles distant from the village, I found the patient in a violent paroxysm of epilepsy—the most severe I ever witnessed. The pulsation at the radial artery was imperceptible; muscular convulsions strong and universal; frothing at the mouth; features greatly distorted; involuntary expulsion of urine and feces; eyes fixed and staring with cornea hid beneath the lids. This paroxysm lasted perhaps five minutes after I reached the bedside; then followed an intermission of perhaps fifteen minutes, during which time the patient lay in a semi-comatose condition, with feeble and irregular breathing, but could swallow with some difficulty. At the expiration of fifteen minutes the paroxysms returned, and continued at alarmingly short intervals for ten hours, the intervals growing shorter, and the parox-

ysms longer, and if anything more intense. During this time every thing was done that medical authority, and my own judgement and experience could dictate. Bromide of Potassium and other anti-spasmodics were given between paroxysms as long as the patient could swallow, hot cloths and friction were applied, but with no modification of the patient's condition.

Finally, matters growing worse, I ordered a warm bath prepared in which to immerse the patient. As I carried the convulsed child to the bathing vessel, I had but slight assurance that he would be lifted out of the bath tub alive, as he presented every aspect of approaching dissolution,—his parents stoutly opposing the proceeding, thus rendering the situation all the more embarrassing. He had not been immersed longer than five minutes ere the convulsions ceased, and the breathing became regular and tranquil. He was then taken out, wrapped in a blanket, and laid in bed, where he appeared to enjoy quiet and natural sleep for several hours.

When I called to see my patient the next morning, I was informed that he had rested well during the night, and had had no convulsions since my departure, but I was surprised to find that every symptom of Chorea had superseded those of Epilepsy. All the voluntary muscles were more or less affected with clonic spasms. His gait was shuffling, twisting and uncertain. With this condition there was amnesia. He could not articulate a single word, and could utter but one or two sounds which were endlessly repeated at every question asked him. He appeared exceedingly annoyed for want of memory or ability to articulate words. I was at a loss to decide whether it was a choreatic manifestation affecting the organs of speech, or Aphasia, resulting from effusion in the neighborhood of the posterior third of the third convolution of the left frontal lobe of the brain—(the territory where *memory of words* have been located by Brocat and others)—I left him a combination of Fl. Ext. Cimicifuga, Lupulin, &c., and subsequently put him on Hydrocyanate of iron, and Quinine. I saw the case daily for two weeks, during which time the choreatic manifestation entirely subsided, but he was an aphasiac to some extent for several weeks subsequent.

#### ◆◆◆◆◆ Influence of Leaves on the Evaporation.

Dr. F. Tschapowitz has found that the amount of evaporation rises and falls with the total amount of leaf surface. Large leaves, however, seem to have a relatively greater evaporating power than small ones.—*Drug. Circ. & Chem. Gaz.*

#### How to Save Infants.

The Board of Health has issued the following circular in relation to the care and feeding of infants during the hot weather:

In nursing, over-feeding does more harm than anything else; nurse an infant a month or two old every two or three hours. Nurse an infant of six months and over five times in twenty-four hours, and no more. If an infant is thirsty, give it pure water, or barley-water, no sugar. On the hottest days, a few drops of whiskey may be added to either water or food, the whisky not to exceed a teaspoonful in 24 hours.

If the infant must be fed, boil a teaspoonful of powdered barley (ground in a coffee-grinder) and a gill of water, with a little salt, for fifteen minutes, strains them mix it with half as much boiled milk, add a lump of white sugar, size of a walnut, and give it lukewarm from a nursing-bottle; keep bottle and mouth-piece in a bowl of water when not in use, to which a little soda may be added. For infants five or six months old, give half barley-water and half boiled milk, with salt and a lump of sugar. For older infants, give more milk than barley-water. For infants very costive, give oat-meal instead of barley. Cook and strain as before. When your breast-milk is only half enough, change off between breast-milk and this prepared food. In hot weather, if blue litmus-paper, applied to the food, turns red, the food is too acid, and you must make a fresh mess, or add a small pinch of baking-soda. Infants of six months may have beef-tea and beef soup once a day, by itself, or mixed with other food; and when ten or twelve months old, a crust of bread and a piece of rare beef to suck. No child under two years ought to eat at your table. Give no candies—in fact, nothing that is not contained in these rules, without a doctor's orders. Summer complaints comes from over-feeding and hot and foul air. Keep doors and windows open. Wash your well children with cold water twice a day, and oftener in the hot season. Never neglect looseness of the bowels in an infant; consult the family or dispensary physician at once, and he will give you rules about what it should take and how it should be nursed. Keep your rooms as cool as possible, have them well ventilated, and do not allow any bad smell to come from sinks, privies, garbage-boxes, or gutters about the house where you live. See that your own apartments are right, and complain to the Board of Health, No. 301 Mott Street, if the neighborhood is offensive. Where an infant is cross and irritable in the hot weather, a trip on the water will do it a great deal of good (ferry-boat or excursion-boat), and may prevent cholera infantum.—*The Medical Record.*

**Belladonna.***Properties*—Anodyne.

Anti-spasmodic.

Narcotic.

*Active Principle*—Atropia (Alkaloid.)*Dose*—1-60th to 1-30th of a grain.*Preparation*—Solid Extract.*Dose*— $\frac{1}{4}$  to 1 grain*Preparation*—Fluid Extract.*Dose*—5 to 10 drops.*Mode of Administration*—Dose increased until dryness of the throat, and hallucination and other constitutional symptoms appear.

## CONSTITUTIONAL EFFECTS :

*The Eye*—Dilatation of the pupil—dimness of the sight—micropia, in which all objects appear smaller than natural—amaurosis, loss of power of the optic nerve or retina—absence of lachrymation.*The Skin*—Scarlatinal eruption—numbness or insensible condition—swelling of the face.*The Voice*—Aphonia—privation of voice.*On the Nervous System*—Tightness or pain in the frontal region—confusion of thought with giddiness, with species of intoxication—noises in the ear—spectral illusions—consciousness of his visual illusions and delirium without having the power of the one or control of the other.*Muscular System*—Vertigo—unsteady and staggering gait—muscular debility—numbness of the limbs—jerking motion—inability to control his motions or to seize small articles.

Tendency to catch at imaginary things.

Partial paralysis of the bladder—complete paralysis (sometimes) of the *Levator Palpebrae Superioris*, or muscle to lift the eyelid.*On the Circulation and Secretions*—In large doses affects the heart and blood-vessels—pulse irregular, frequent—during the active stages of its operation, bounding and full.—In fatal cases, intermittent, thready and rapid—red and turgid face—augmented temperature and color of the surface of face—violent congestion of the head—full, tense, and throbbing state of the cerebral vessels—dry tongue, mouth and fauces—secretion of the glands of the mouth and the saliva are suspended—water, instead of giving relief, seems only to in-**Conium.***Properties*—Anodyne.

Anti-spasmodic.

Narcotic.

*Active Principle*—Conia or Coniine.*Dose*—(1-20th to  $1\frac{1}{2}$  grain.)*Preparation*—Solid Extract.*Dose*— $\frac{1}{2}$  to  $1\frac{1}{2}$  grains.*Preparation*—Fluid Extract.*Dose*—5 to 20 drops.*Mode of Administration*—Dose increased until it produces headache, vertigo, dryness of the mouth, nausea or vomiting.

## CONSTITUTIONAL EFFECTS :

*The Eye*—Dilatation of the pupil—dimness of vision—injection of the eye—impaired or double vision.*The Skin*—Papular or erythematous eruption—(a nearly continuous redness of the skin, like erysipelas) with itching of the skin—augments the secretions of the skin—Formication, sensation like creeping of ants over the skin—Tips of the fingers of the hands are moist cold and blueish.*The Voice*—Difficulty of speech.*On the Nervous System*—Inability to think or fix the attention on one subject—giddiness, drowsy habitude—general impairment of the common sensibility,—dull hearing—impaired taste—delirium. Mind remains clear.*Muscular System*—General debility—staggering gait—heavy head—loss of power and slight spasms in the extremities.

Nausea, retching in some cases even vomiting.

*On the Circulation and Secretions*—Heart little affected.Irritation of the fauces being in the mouth.  
Salivation.  
Paralyzed tongue,

crease the clammy state of the mucous membrane. Difficult deglutition, sense of suffocation—spasms of the fauces and *Glot-tis*, renewed at every effort to swallow—increased amount of urine with strangury at the neck of the bladder—irritation of the scrotum.

*Pulse*—Irregular and frequent. During the active stages of its operation, bounding and full.

In fatal cases, intermittent, rapid and thready.

*Differential Symptoms*—Suspended saliva—dryness of the skin—heart and blood vessels affected.

Does disturb the intellect.

### The Pith of the Dried Corn-Stalk as a Uterine Tent.

Dr. W. T. Goldsmith, of Atlanta, brings this substance to notice in the *Transactions of the Medical Association of Georgia*, 1878. Take a joint of dried corn-stalk; strip it of its cuticle, and compress the pith, slowly and firmly, between the thumb and index-finger. By continued pressure, it is reduced four or five times less than its original size. It has a dilating power equal to sea-tangle or sponge. The cornstalk tent is of easy introduction. Its rigidity overcomes any slight resistance. Dr. Goldsmith has used this tent for the last seven years. He has not had a single accident from its use, although he has introduced the tent many hundreds of times. The advantages of this corn-stalk tent are:

It dilates effectually, but not too rapidly.

It is, smooth, soft, and can be removed without force.

It produces no lacerations, abrasions, or irritation of the mucous membrane.

It can be medicated with any substance as easily as the sponge or cloth tent.

It is of vegetable origin, and hence, does not become putrid and poisonous to the patient.

It may be retained, non-compressed for days, without injurious results, if no pain occurs.

A number of small tents, filling up the cervical canal, may be used for more rapid expansion.

It can be prepared in a few minutes of any desired curve, size and length.

Any degree of compression may be given it, or it may be used without compression.

It may be perforated, like the sea tangle, and its power of absorption increased, by packing its surface.—*Virginia Med. Monthly*.

*Pulse*—large doses increase and then diminish the force of the pulse, uniformly small and feeble under the influence of large doses.

*Differential Symptoms*—Salivation—moist condition of skin,—heart little affected.

See Stillé 370, vol. 2. in reference to delirium or other mental disorder.

Does not disturb the intellect.

For Journal of Materia Medica.

### Tasteless Quinine.

BY W. A. GROVE, M. D., VICTORIA, ILLINOIS.

Quinine may be robbed of its bitter taste and rendered palatable and acceptable to children and delicate stomachs, by either of the following methods:

℞ Albumen Ovi..... 3 i.  
Aqua pura..... 3 iii.  
Quinine Sulphas..... gr. viii.

Misce et S. A teaspoonful as often as necessary.

This mixture is entirely devoid of a bitter taste. A few drops of the "white of an egg" is sufficient to effectually destroy the bitter taste of the bark, which no reasonable amount of after dilution with water will restore. I have always found the following formulæ convenient in cases where the bitter taste was objectionable:

℞ Quiniæ Sulphas..... ʒi.  
Morphiæ "..... gr. i.  
Tannin..... gr. iv.  
Syrup Rhei Aromatic..... ʒi.

Misce et fiat mistura. Sig. A teaspoonful every two or three hours.

"One part of Tannin added to five parts of Quinine, will effectually destroy the bitter taste of the latter":—*U. S. Dispensatory*.

The following formula has also been recommended:—

℞ Quiniæ Sulphas..... 3 ss.  
Ext. Glycyrrhizæ fluidum... ʒ ii.

Misce et S. Teaspoonful at a dose.

Some physicians are in the habit of exhibiting bitter and unpalatable drugs in thin wafers made from wheat flour. Perhaps there are still other methods of disguising the taste of Quinine, but none other occur to my mind at present.

## The Cure of Sciatica by Subcutaneous Injections of Ether.

BY C. G. COMEGYS, M. D.,

Lecturer on Clinical Medicine, Cincinnati Hospital.

In the *Lancet* of 1851—twenty-seven years ago—I published the successful treatment of a chronic case of Sciatica, by cauterization of a certain spot of the patient's ear on the same side as the one affected, to-wit: the anterior part of the helix just at its entrance into the concha. My patient was a moulder and such were his sufferings that he was unable to work but little for two months. As he had quite a large family dependent upon his labor, I was unusually anxious to cure him, but all constitutional and local treatment gave no permanent relief. At last I read an article in the "*Revue Medico-Chirurgicale de Paris*," by Doctor Luciana, which gave the history of a number of cases treated by different French Surgeons, more especially one by Malgaigne. That patient had been in Hotel Dieu for two months and had had a full employment of cups, blisters and baths, but without relief. He then went to the St. Louis Hospital for treatment by Malgaigne and was promptly relieved by the touch of the ear with a hot wire.

After reading the article I called upon my patient and assured him that I had now a remedy which would cure him right away. I heated a pointed piece of steel and with it touched quickly the said spot in the ear. It did not even produce a sore—merely gave a shock and he directly said that he was better. I had no further trouble with the case—he went at his work as usual. In the Dispensary practice of the Miami Medical College after that, I, also, successfully treated a case of like character. My colleague then, Prof. R. D. Mussey informed me that he had succeeded in some cases by touching, barely, with a hot iron any part of the foot to which the branches of the sciatic nerve are distributed. I have had good results sometimes in this way. One of my colleagues in the Cincinnati Hospital, Dr. Thornton cured a case by a light cauterization of the whole length of the leg at intervals along the line of the sciatic nerve.

During my course of clinical service in the hospital last winter, I treated a man by cauterization without success, electricity failed too, and I directed my assistant to give him hypodermic injections of common ether, fifteen to twenty drops once, or more, daily. He began promptly to improve and soon left the house carrying his crutches on his shoulder.

The following case illustrates the very great value of subcutaneous injections of ether in the treatment of this distressing affection.

Mr. E. B. B—, of Bourbon county, Ky., came to me for the treatment of sciatica. His physician writes as follows: "June 6, 1878. Mr. B, a merchant, æt. 43, of robust make, and free from any constitutional taint was attacked a year ago, with a slight pain in the left hip, extending down to the ankle. After trying home treatment under the general advice of the public and growing worse he applied to me, at last, and I prevailed on him to keep his bed. I applied wet cups, repeated blisters, hot fomentations and liniments. Internally at different times quinine, colchicum, aconite, iodide potass., hypodermic injections of morphia, and this varied treatment was enforced during two months without permanent relief, when he left for Cincinnati."

Recently Mr. B. addressed me as follows:

"Enclosed find my physician's statement of my case. I suffered most intensely for four months and could not walk or sleep, when I arrived in your city on Thursday evening, March 28th. On the following Tuesday I was discharged sound and well, and have been at my business ever since suffering no pain whatever. June 12 1878."

Mr. B. came under my care in the evening of March 28, 1878. He could not walk without a crutch and suffered great pain with effort to use the left leg. The whole track of the sciatic was involved. He had become greatly, under the opiate influence which gave him temporary relief only, he consequently had no appetite for food, and was excessively constipated. The spine had a curvature causing a projection of the left hip—the result of an effort to favor the suffering nerve. I gave him 15 drops of ether hypodermically. He felt great pain at once, but it soon passed away. The morphine he was in the habit of using was stopped, and 20 grains of chloral given to secure sleep. Next morning he was better, I repeated the injection up to 30 drops, morning and evening for three days, and then let him go home. In the meanwhile he had begun to walk about the city, to try himself as he said, for he was very reluctant to believe that he had been so readily cured. The injection was made behind the great trochanter. I gave him liberally of beef tea and whisky while he remained here.

He suffered from a sharp pain at each introduction of the ether, but it soon passed and no local injury followed its use. He tasted it always. The injections were given in the ordinary superficial way; not deep.

There are conditions of disease affecting the sciatic nerve which neither the shock of the actual canter, nor injection of ether would cure; but in typical cases we need not let a patient suffer long. I think my patient who

suffered so much for four months was cured with the first dose. I only repeated it to make "assurance doubly sure." Morphine will not cure it. Electricity is uncertain and too tedious, but the Franklinic is the best. I think this remedy will be equally efficacious in *tic douloureux*.—*The Cincinnati Lancet and Clinic*.

### Diphtheria and Sewer-Gas.

DR. W. SNIVELY, physician to the Pittsburg (Pa.) Board of Health, lately read a paper on the cause of diphtheria in an outbreak of the disease in Pittsburg during the year 1877. Out of 856 cases, the total number reported, there were 366 deaths. Of these, 457, with 141 deaths, occurred in a particular district of the city in which the sewerage was almost criminally defective—i. e., there was insufficient grade, inadequate diameter of the main at certain points, absence of traps at the street drops, private connection-points and main termini, while the man-holes were tightly covered and there was an utter lack of ventilation. Slaughter-houses near the termini drained their offal and refuse through connections having no traps; and one of the latter emptied directly into an untrapped drop. Previous to last July, diphtheria had prevailed in only an ordinary number of cases. The epidemic set in during July, and raged about five months. During most of this period one main was choked for a distance exceeding 2,000 feet. Two heavy rainfalls occurred in July, two in August. Dr. S. infers from these data that sewer-gas emanations, propagating the disease in the poisoned human system, was the cause of that epidemic. He explains that heavy rains caused choking of the mains, and expulsion of stagnant sewer-gas into the dwellings through the private connection-pipes. He very properly insists that ventilation of the mains is of the greatest importance in preventing accumulation of sewer-gas, and its consequences, no matter how well constructed the sewer otherwise may be. Undoubtedly thorough main ventilation is of primary importance. But 'trapping' and ventilation of the *connection pipes* are of equal moment, when there is danger from heavy rains forcing the gas, which may have been generated, into the dwelling. Sewerage is a subject which has been sadly neglected in practice, but we hope that later day experiences, and the valuable advice of our sanitary authorities may soon bring forth ripe fruit and thus add another triumph to those of preventive medicine.—*The Medical Record*.

### KAVA.

M. Gubler (*Journal de Thérapeutique*, 10 février, 1878) reaches the following conclusions regarding this new remedy:

1. The kava root (*Piper methysticum*) possesses two orders of properties: the one, cephalic and inebriating; the other, diuretic and blennostatic.

2. The kava drunkenness is *sui generis*, and does not resemble that of alcohol. Besides, the maceration, called *Ava*, is not submitted to alcoholic fermentation, and the preliminary mastication of the root, producing glucose, has no other result than that of giving to the aromatic liquor a sweetish and sugary taste.

3. Among the symptoms that may be denominated acute *avaism*, the most remarkable and one of the most important consists of a genesic excitation which has its seat, not in the sexual organs, but in the nervous centers in which the reproductive instinct is vested. There is no priapism, but much erotism.

4. Besides, kava has the power of moderating the inflammatory condition of the genito-urinary organs, and of reducing or suppressing muco-purulent catarrh of the urethro-vesical mucous membrane, probably through an action at once diuretic and *blennostatic*.

5. The direct and topical anti-catarrhal action is due to an oleo-resinous, balsamic substance, comparable to the terebinthines in general use.

6. The indirect diuretic and anti-catarrhal effects depend, in part, upon this oleo-resin, but especially on a neutral crystalloid called *kawahine*, and perhaps upon an unsought alkaloid, the presence of which would account very well for the peculiar drunkenness as well as for the modifications of circulation and secretion in the genito-urinary apparatus.

7. This dual action upon the genito-urinary organs assigns to kava a remarkable efficacy in urethritis during its most inflammatory period. It explains the success of this remedy in cases where the pure terebinthines have failed, and makes explicable the utility of associating the peppers—notably cubaba, whose effects are analogous to those of kava, with the oleo resin of copaiba, to secure a cure in acute or intense blennorrhagias.

8. The therapeutic employment of kava is all the more to be commended, as this aromatic remedy is not at all unpleasant, and its use gives rise to no digestive troubles.—*St. Louis Clinical Record*.

SULPHUR has been discovered in immense quantities at Chillan, Chili. The quality is so fine that it only needs grinding and sifting to be fit for market.



### The Pancreatic Juice contains Three Distinct Ferments.

It has already been remarked that the pancreatic juice has not only the power to emulsify fatty substances, and to act on starchy matters, but also the property of digesting albumen and fibrin, just as well as pepsine. In a paper published in the *Répertoire de Pharmacie*, Th. Defresne demonstrates that the pancreatic secretion contains three distinct ferments, and gives the following process for separating them: To a filtered solution of half an ounce of dried pancreatic juice in three ounces and a half of distilled water add ten drachms of pure sulphuric acid, corresponding to a little less than two drachms of pure sulphuric acid. An abundant precipitate is formed; the liquor, on being filtered twenty-four hours afterwards, gives by the addition of an excess of alcohol a precipitate soluble in water, digesting 104 times its weight of coagulated albumen, and having no action on either grease or starch. To this ferment the name of *myopsine* is given; thus obtained it is quite pure, and is in the shape of shining scales of a fine garnet color; it is precipitated by alcohol, and coagulated by heat.

The two other ferments can completely be separated from each other, but each always retains traces of myopsine. The following is the process recommended: The pancreas of the ox is to be selected, as its action on albumen is very weak, since the pancreatine obtained from it digests only three grammes of albumen against seventeen of starch and fifteen of lard. To a concentrated and filtered solution of ox pancreatine enough alcohol is added to render its spiritous strength equal to 26 degrees. A precipitate forms, which after twenty-four hours is collected and carefully washed with 26 per cent. alcohol. It has the property of emulsifying twenty-four times its weight of grease, but is without action on starch. Mr. Defresne calls it *Steapsine*. It is obtained in the form of shining, translucent scales, soluble in water, precipitated in alcohol, and destroyed in acetic acid.

To obtain the third ferment, about half an ounce of acetic acid, equivalent to forty-four grains of pure sulphuric acid, is added to three ounces and a half of a maceration of the pancreas of the ox. The precipitate which makes its appearance must be immediately separated. After two hours the clear liquor is mixed with twice its weight of alcohol of 85°, and the abundant precipitate formed is collected and washed with alcohol of 60 degrees. This is *Amylopsine*, which has no action on grease, but can convert into sugar twenty-five times its weight of starch. It is in the shape of

shining scales of a citrine color, soluble in water, precipitated by alcohol and strong acetic acid, and coagulated by heat.—*Drug. Circular & Chem. Gaz.*

### Valerian, Atropia and Ergot, in Diabetes Insipidus.

Dr. Reuder, in *La France Medicale*, relates an interesting case of polyuria, accompanied by supraorbital neuralgia, vertigo, with loss of consciousness, excessive thirst and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to, from about 1250 to 1400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterward of half a dram. Under the influence of this treatment the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (.015 grain) at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in the course, since the appetite diminished with the valerian and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days urine fell to 1,600 grammes, and the urea to fifteen grammes, in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and excessive desire for food also disappeared.

We believe Dr. Da Costa, of this city, was the first to recommend ergot in this disease.—*St. Louis Ec. Med. Journal.*

### The Use of the Uvula.

Professor Alfred H. Garrod, F. R. S., in a recent lecture, laid great stress upon the functions of the uvula, an organ present only in man and the anthropoid apes, and expressed his opinion that the uvula serves the purpose of preventing the food from entering the back part of the nose, if it should so happen that during the act of swallowing, the individual should make a sudden effort at expiratory breathing. The uvula, being pressed back by the moving food against the posterior wall of the pharynx, would so retain a free communication between the mouth and the pharynx, at the same time that the nares are closed by the soft palate.—*St. Louis Ec. Med. Jour.*

## MONTHLY SUMMARY.

### A New Treatment of Tape-worm.

London Med. Examiner: The idea of cooking a tænia in the canal itself, and thus substituting ordinary digestion for the disagreeable means hitherto employed to effect expulsion of the parasite, is a happy innovation which has been successfully carried out by Prof. Bouchut at the Children's Hospital, Paris. Male fern oil, kousso, and the bark of the pomegranate root are the anthelmintics usually employed; but their action is violent and often uncertain. A careful inspection will always enable the medical attendant to discover the ova and fragments of the parasite in the stools; and when this has been done we have a simple and effectual method of insuring a cure. From the results of numerous experiments M. Bouchut had ascertained that not only ascarides, but fragments of tænia, when placed in a weak alcoholic solution containing one thirty-fifth of amylaceous pepsine, are digested by the fluid in the course of twelve hours. We thus obtain an artificial digestion of the animal matter exactly similar to that which ensues when meat is treated by the same process. On submitting the conclusion drawn from his experiments to the test of practice at the Enfants Malades, M. Bouchut found that the solution of pepsine was eminently successful. If his experience be confirmed, a valuable addition will be made to adult as well as to infantile therapeutics. In conclusion, we may observe that animal food is, almost certainly the channel through which the parasite is conveyed; and hence that official inspection of suspected dealers in meat would form a useful adjunct to the practice of the physician.—*Louis Med. News.*

### A Tasteless Antiperiodic.

Dr. S. Ashhurst, in order to overcome the difficulty of administering cinchonia on account of the bitter taste which is developed when, after the administration of the pure alkaloid portions remaining in the mouth are dissolved by the salivary fluid, mixes the cinchonia with sugar of milk, and with some bicarbonate of soda, to neutralize free acid in the saliva. "A powder containing one grain of cinchonia, four grains of sugar of milk, and one-tenth of a grain of bicarbonate of sodium, possesses only the slightly sweet taste of the sugar of milk, and is quite readily miscible with water and milk; or, if preferred, can be easily swallowed dry."—*Am. Jour. of Med. Sciences.*

### Ergot for Strangulated Hernia.

The first case was one of recent hernia in the right groin. The tumor was about as large as a chesnut, hard and too sensitive to permit of the slightest attempt at taxis. The skin over the tumor washed with warm water containing an alkali, to render absorption more easy, and pure ergotine was then rubbed into it every two hours. At the same time a tablespoonful of a solution consisting of grs. lxxv. of ergotine in  $\frac{3}{4}$  iv. of vehicle was administered every hour. About five hours after the treatment was commenced the vomiting and colicky pains began to abate, and the tumor became less sensitive, and twelve hours later the hernia returned spontaneously.

In the second case, several unsuccessful attempts had been made to return the hernia by taxis and leeches, and the ether-spray had also been employed in vain. Finally, as the case was becoming desperate and inflammation was threatening, it was decided to try the ergotine treatment as a last resort before having recourse to operation. The treatment was carried out exactly as in the above case. It was begun at three o'clock in the afternoon, and at six o'clock on the following morning all the symptoms were relieved and the tumor was reduced with the greatest facility.

### The Danger of Salicylic Acid Dentifrice.

When a remedy has been found good for something it runs the danger of being brought into disrepute by being regarded as a panacea for all human ill. Pharmacy has its fashion as well as other things, and the present prevailing mode is salicylic acid. Dr. Buch, of St. Petersburg, deprecates its adoption as a dentifrice. A short time ago there was a warning raised against the use of charcoal. It had similar dental recommendations, namely, that it was antiseptic, and that, as far as cleansing was concerned, it was most effective. But the microscope pointed out that every particle of carbon, in however divided a state, was a small crystal, which, acting by attrition, was hurtful to the enamel. While charcoal, therefore, was said to be a fine saw, salicylic acid is now stated to be a solvent, and accordingly to be abjured. Dr. Buch mentions that he was in the habit of using a solution of three parts in one thousand of salicylic acid, a lotion of such strength being fatal to bacteria. In a few weeks he felt a curious sensation in his mouth; the teeth appeared to become softer, and on the surface something gritty was detected, there being evidently a granular formation. The Doctor believes this to be a salicylate of lime: if so, the use of the acid as a dentifrice should be discountenanced.—*Chem and Drug.*

### On the Necessity of Caution in the Use of Chloroform During Labor.

Dr. Lusk, of New York, in a recent paper submitted the following propositions :

I. Deep anæsthesia, carried to the point of complete abolition of consciousness, in some cases weakens uterine action, and sometimes suspends it altogether.

II. Chloroform, even when given in the usual obstetrical fashion, namely, in small doses during the pains only, and after the commencement of the second stage, may, in exceptional cases, so far weaken uterine action as to create the necessity for resorting to ergot or forceps.

III. Patients in labor do not enjoy any absolute immunity from the pernicious effects of chloroform.

IV. Chloroform should not be given in the third stage of labor. The relative safety of chloroform in parturition ceases with the birth of the child.

V. The more remote influence of large doses of chloroform during labor upon the puerperal state, is a subject that calls for further investigation and inquiry.

Dr. L. says that with these five propositions he is prepared to close his indictment against chloroform in midwifery. It is, he says, not a formidable one, and need not deter from its cautious employment. But the sense of possible danger which governed its use in the hands of those to whom we owe its introduction into practice, has been replaced by an overweening confidence.—*Med. Record.*

### Collodion as a Preventive of Sea-Sickness.

Dr. Laederich claims that collodion has remarkable power as a preventive of sea-sickness. It should be employed as follows : Before embarking, the voyager should apply successively three layers of ricinated collodion to the epigastrium, overstepping slightly the anatomical limits of that region. The layer should extend below to a line immediately above the umbilicus, laterally to a line about two inches outside of the nipples, and above to some inches above the border of the ribs. When the voyage is expected to last more than a few days, a small quantity of the collodion should be taken along to repair the cracks in the plastering. Dr. Laederich is unable to say from experience whether or not the collodion possesses curative as well as preventive powers. He believes it does, however, because he has employed it successfully as an anti-emetic in the painful vomiting of peritonitis. Applied to the epigastrium as above, it always diminished and often arrested the vomiting.—*Med. Record.*

### Jaborandi in Heart Disease.

A man, aged thirty-eight entered hospital suffering from dyspnœa. An examination of the chest showed that he had hypertrophy of the heart, with œdema of the lungs. There was a small amount of general anasarca. Digitalis was freely given, but without benefit. Oxygen gas was also administered. Eventually jaborandi was given, and with good results. 3 iss of the leaves, in the form of an infusion, was ordered *pro re nata*. The patient took it three or four times a day. Shortly afterwards he began to expectorate and perspire. Relief occurred within an hour, and the dyspnœa and cyanosis disappeared. As the cyanosis decreased, the pulse improved and became more regular. The patient continued the medicine for three or four days, when death took place from exhaustion.—*New York Medical Journal.*

### Epidemic of Diseases of the Heart.

In the *Recueil de Méd. Militaire*, 1878, No. 1, M. Julié furnishes an account of an epidemic of diseases of the heart which has prevailed in the garrison of Lunel during 1877, in the course of which forty-three soldiers were attacked. The affection exhibited itself in different degrees, from that of intermittent palpitation to continued palpitation symptomatic of organic disease of the heart, hypertrophy or valvular disease having been observed in eleven or twelve of the cases. The mildest cases were unable to resume service under three weeks, and oftener after a longer period, while the others are still under treatment at the Montpellier Hospital. No cause could be made out for the occurrence, as the garrison was in very good condition. The most probable hypothesis was that it was due to a malarial origin.—*Drug. Circ. and Chem. Gaz.*

### Ipecac as a Hæmostatic.

I have administered ipecac as a hæmostatic in hæmoptysis frequently for years past, and have found it the most efficient remedy in such cases. I have also used for the same purpose ergot and pyrogallic acid, both of which are efficient remedies in hæmoptysis as well as in postpartum hæmorrhage. But ipecac is certainly the better remedy in the treatment of hæmoptysis; and a comparatively limited experience in its use in the treatment of postpartum hæmorrhage leads me to believe that it is a too-much-neglected medicine in such cases. As a hæmostatic, ipecac is an old remedy, but of its wonderful power and efficacy in this direction my own opinion fully corroborates that of the great clinician, Trousseau, to whose writings in this connection I would further refer.—*Pac. Med. Surg. Reporter.*

**The Cold Sound (Psychrophor), a New Instrument for Treating Pollutions, Sperrmorrhœa and Chronic Gonorrhœa.**

A little over a year ago Dr. Winternitz, of Vienna, designed an instrument by means of which he secures the advantages of the mechanical irritation of the urethral mucous membrane by the metallic sound, combined with the anæsthetic and tonic influence of cold. It consists of a double current catheter without eyes, the two canals communicating with one another near the point of the instrument. The instrument is introduced into the urethra until its point has passed the pars prostatica, and it is then attached by rubber tubing to a reservoir containing water at the desired temperature. On turning a stop-cock, the water flows into one canal and out through the other, whence it is conducted away by another piece of tubing. In this way the gallinaginis and the entire urethral mucous membrane are exposed to the mechanical action of the pressure, and to the sedative action of cold. The success obtained by Dr. Winternitz, by the use of this instrument, was so encouraging from the very beginning, that he has employed it constantly for over a year.—*Cincinnati Med. News.*

**Turpentine in Typhoid Fever.**

DR. PERRSÉ, surgeon to the Meath Hospital (Dublin), has had long experience with turpentine in typhoid fever. He claims to have had with it great success. This oil has had in all ages some reputation. It acts as a stimulant, diuretic, diaphoretic, and laxative if the dose is sufficient, and it is a first-class anthelmintic. Its use in typhoid fever is by no means new; but it has been perhaps too much neglected by the medical profession. It is too common! The following is Dr. Perrsé's prescription; it has a judicious appearance. He says:

"My mode of giving the turpentine was as follows. If bronchitis were present, and even if diarrhœa complicated the case, I gave what was known as my turpentine mixture—

℞ Terebinthinæ olei..... 3 ij.  
Liquoris potassæ..... 3 ij.  
Mucilaginis acaciæ..... 3 iv.  
Syrupi papaveris albi,  
Syrupi floris aurantii, ȳȳ... 3 viij.  
Aquæ camphoræ, q. s. ad. f. ȳ viij.

Fiat mistura. A tablespoonful to be taken every fourth hour, the bottle being first shaken.

Since I commenced that treatment, I have never lost any case of typhoid, from either bronchitis or diarrhœa, or from its sequelæ of ulceration or hemorrhage.—*The Druggists Circular and Chemical Gazette.*

**A River Intensely Salt.**

It was very long supposed that the brackishness of Salt River, Arizona, was caused by the stream running over a bed of salt somewhere along its course. Its waters are pure and fresh from where it heads in the White Mountains to within fifty miles of where it empties into the Gila. Fifty miles from its junction with the Gila there comes into it a stream of water that is intensely salt. This stream pours out of the side of a large mountain, and is from twenty to thirty feet deep. It is very rapid, and pours into the Salt River a great volume of water. Here could be easily manufactured sufficient salt to supply the world. All that would be necessary would be to dig ditches and lead the brine to basins in the nearest deserts. The heat of the sun would make the salt. Were there a railroad near the stream, its waters would doubtless soon be turned and led to immense evaporating ponds. It is supposed that the interior of the mountain out of which the streams flow is largely composed of rock salt.—*Nevada Enterprise.*

**To Imitate Ground Glass.**

Put a piece of putty in muslin, twist the fabric tight, and tie it into the shape of a pad; well clean the glass first, and then apply the putty by dabbing it equally all over the glass. The putty will exude sufficiently through the muslin to render it opaque. Let it dry hard and then varnish. If a pattern is required, cut it out on paper as a stencil plate, and fix it on the glass before applying the putty, then proceed as above; remove the stencil when finished. If there should be any objection to the existence of the clear spaces, cover with slightly opaque varnish.—*Ibid.*

**Vermillion.**

Vermillion is a mixture of sulphur and mercury, and is frequently found to turn to a dark brown color if exposed to the atmosphere. A remedy for this is said to be to add one-eighth part flour of sulphur to the paint when mixing. To detect adulteration in vermilion, place a little on a red-hot iron; if pure, it will evaporate entirely; if not, there will be an earthy residue.—*Druggists' Circular.*

**Picrate of Ammonia for Whooping Cough.**

℞ Picrate of ammonia..... 1 grain.  
Muriate of ammonia..... 24 grains.  
Powdered ext. licorice..... 1 drachm.  
Water..... 3 ounces.

M. S. Teaspoonful every three hours to a child six months and under, doubling the quantity for a child of about one year to two years of age, and giving as much as one-eighth grain to a child three to five years of age.

**Microphone in Diagnosis.**

Dr. J. W. Hulland, Professor of Materia Medica and Medical Chemistry in the University of Louisville, has recently been experimenting with the microphone, and comes to the following conclusions, which are stated in the *Louisville Medical News*, July 20, 1878.

A series of trials made with it at the hospital and upon private patients lead to the following conclusions:

1. That a noisy hospital-ward is a bad site for the test.
2. That success is dependent largely upon the amount of flesh that covers the ribs of the subject. The sound waves are never transmitted with clearness unless the person is lean.
3. That the modifications produced by disease are not reported with a distinctness surpassing, if equal, to that attained by the unaided ear.
4. That the rhythmic sounds of the heart mask all others produced in the chest, so as to make the instrument of no value in pulmonary diagnosis.
5. That a medley of sounds, like rubbing and thumping, probably due to the movements of the fœtus, utterly annihilate sounds of the fœtal heart, such as are plainly audible to the trained ear unassisted.
6. That the prospect of a successful employment of the microphone for physical diagnosis is, from present appearances, not very encouraging.—*Virginia Med. Monthly*.

**Ergot for Typhoid Fever.**

Sireday, (*La France Médicale*), following up the observations of Duboué, used ergot in an exceedingly grave case of ataxo-dynamic typhoid, in which the patient upon the twelfth day was delirious, had twitching of the tendons, hyperæsthesia, opisthotonos, etc. He gave two grammes of ergot in twenty-four hours. The next day the amelioration was notable. The treatment was continued with the medicine for three days, and the patient recovered.—*Drug. Circ. & Chem. Gazette*.

**Gallium.**

At the Paris Academy of Sciences, M. Le-coq de Boisbaudran lately exhibited a bar, a sheet and several crystals of the new metal gallium, which is harder than iron, yet melts at a heat lower than that of the hand, its freezing point being at about 86° F. Five tons of ore had to be worked down to obtain two ounces of metal. It is very brittle, and adheres to glass; its color is nearly that of steel, and the crystals are octahedral.—*Drug. Circ. and Chemical Gazette*.

**Cough Syrup.**

Dr. Kessler says, in *A. M. Jour.*: "We are called frequently in our every-day practice to make up a cough medicine for some of our patients. I have used all the expectorant formulas I have seen, besides a great many of my own mixtures, but so far I have obtained the most flattering results from the following:

R. Pix liquida.....20 drops.  
Spts. nitr. dulo.....1 drachm.  
Syr. simpl.....2 ounces.

M. S. Teaspoonful night and morning.  
Very few doses will suffice in most cases."—*Drug. Circ. and Chem. Gaz.*

**Dangerous Hydragryrum Cum Creta.**

When this valuable preparation is improperly made and carelessly kept exposed to light and atmosphere (as is so often the case with many of our druggists), chemical change occurs, and the red oxide of mercury is formed, rendering it a dangerous article to be dispensed. This explains the unsatisfactory experience which many physicians have had with it in their practice. If incorporated with some saccharine substance, it may be preserved against oxidation.—*Amer. Jour. Pharm.*

**Jaborandi in Obstinate Hiccough.**

Dr. Ortille, of Lille, relates a case of most obstinate hiccough in which he had tried a great variety of means, including electricity and hypodermic morphia injections—the hiccough even continuing during the sleep caused by this last. He then tried the hydrochlorate of pilocarpin, on account of its action on the phrenic nerve. A hypodermic injection of two centigrammes and a half was inserted with almost immediate effect, so that in a quarter of an hour the patient was bathed in a sweat, salivation was established, and the hiccough disappeared never to return.—*Drug. Circ. and Chem. Gaz.*

**Convulsions in a Child due to the Presence of a Hair in the Alimentary Canal.**

A child under one year of age, suffered for several weeks from convulsions, which varied in severity and were frequently repeated. It appeared to be healthy in all other respects. All the usual methods of treatment were employed without success. At last the mother noticed the end of a hair lodged between the two incisors of the child, and, on drawing on it, removed a hair nearly a yard in length, which had hung down into the throat of the little patient. After the removal of this foreign body, the convulsions ceased as if by enchantment.—*Med. Record*.

## EDITORIAL.

### Tildens' Pure Extract of Malt.

Our attention has been called to a circular recently issued and extensively circulated by the Trommer Extract of Malt Company, which is calculated to give an impression that because we, as manufacturing chemists, have successfully for *thirty years* prepared *fluid extracts*, being the first to introduce them to the Profession, are not capable of preparing an Extract of Malt.

Extract of Malt is unquestionably a preparation that requires nice and careful manipulation, but no more than very many articles or subjects we are constantly called upon to investigate and work out. It requires much less skill than the preparation of ales, in which a variation of flavor, &c., is referred to by them; because the preparation of ales involves all the nice points of fermentation, &c.

In the Journal of Materia Medica, December last, we stated as follows:

"Fifteen years ago we prepared Extract of Malt in considerable quantity, according to Liebig's method; but attention to it during the war was diverted, and a German Chemist in our employ at the time, who had been a student under the celebrated Liebig, and had prepared it in large quantities in Germany, suddenly went to the war, and its pursuit was dropped.

A while since, a physician who used it at that time, remarked the difference in color and characteristics from that upon the market, and urged us to make some like the same he used at that time. We referred to our method, and have for some time been furnishing our immediate physicians, greatly to their satisfaction; they pronounce it just what *Extract of Malt* should be, and so superior in palatable qualities and medical results, that we have decided to give it to the profession hereafter. All that have used it speak decidedly of its medical effect, and we find in testing, it has greater power of conversion than even the German in the market, which is justly acknowledged to be superior to others."

We agree with them that the difficulties connected with its manufacture in large quantities can be overcome only by that kind of skill which is acquired by experience; that experience we have had for *thirty long years* in this country, as we were the first to conceive and apply the vacuum process of evaporation to all vegetable preparations, of which Malt is but one of many, and

to which the low degree of temperature we employ is perhaps more important than to many others.

For *thirty years* our time has been devoted to perfecting the most complete system of vacuum apparatus in use, and we have now an assortment of evaporators of capacity from twenty gallons to one thousand gallons, in which evaporation is conducted at 90° to 100° of temperature. It is very difficult to conceive of a more perfect system of concentration.

Our *Malt* is made from *Canada Barley only*, and by one of the oldest and most skillful maltsters in this state.

We prepare the *Malt plain* because some persons dislike hops and reject it; for this reason we prepare a separate article with hops and also with many medicinal agents, which a reference to our extensive list will fully explain and we shall continue to extend the same as the profession may require.

It is well known that *Glucose* is largely manufactured from starch as a legitimate industrial pursuit. If they have knowledge of the use of *glucose* in the *sophistication* of Extract of Malt, or as a *substitution* for it, it is a plain duty they owe the Medical Profession to give the names of those practicing such imposition. They have no right to attempt to damage respectable houses by ambiguous insinuations; unless they do this, their allegation has no claims whatever to attention or consideration, and is a poor compliment to the discriminating intelligence of the Profession.

TILDEN & CO.

For Journal Materia Medica.

### A New Death Sign.

BY HUGH HOLLIS M. D., JACK'S CREEK, TENN.

For about four years I have observed a certain sign by which I can always tell of the sure approach of death, when the patient is regarded by the physician as being quite low. It is this: a hyper-secretion from the conjunctiva—a clear drop or drops oozing from the outer canthus of the eyes, but almost always from the right eye down from a half to two inches, sometimes seemingly thicker than ordinary tears; enough so as to form a slight yellowish incrustation the above length, provided there be no affection of the eyes to cause it. By observing this symptom, I have been able to correctly inform the family or friends of the patient, of his sure and early death in from six to twelve hours in advance, as I have never known a recovery when the symptom appeared. This is very valuable, even if the physicians' du-



ties are at an end as it gives the patient, who is frequently conscious, a chance to give certain directions in regard to his business etc. I have never seen this symptom mentioned in any book or journal, and could have written of it sooner only I wished to wait until I had seen cases enough to confirm my discovery before inviting attention to it.

*For Journal Materia Medica.*

#### **Retarded Labor from Cystic Obstructions.**

BY FERRIS JACOBS, M. D., DELHI, N. Y.

This difficulty is often a grave matter, as met with in our practice: urine is found to accumulate in the bladder, during labor, when not properly watched by patient and physician.

This neglect more frequently occurs in cases of young patients and young physicians. The cause of this neglect is, no doubt, the patient does not know and the physician does not think.

I need not describe how grave and dangerous to the patient, a case of this kind may be, nay, sometimes is. Two important lives may very easily be lost in this way, at the same time, and none are the wiser. "Prevention is better than cure".

Young men—be *careful*, be *diligent*, be *wise*, and your patients will bless you.

By an old physician.

#### **Bromo-Chloralum.**

Extract from letter of Dr. WOODWORTH, Mississippi.

"Our hot weather is upon us, with the mercury at 95° to 105° in the shade, and in this swampy district is producing a large amount of malarial fever. Diphtheria has not yet made its appearance, but I anticipate its appearance in August. Yellow fever has appeared early. Although reported not epidemic, I fear it will become so, and is much worse than we are allowed to know. The river towns will suffer severely if it becomes epidemic without a doubt. Sanitary precautions will doubtless help to stay it, but can not change atmospheric, electrical or magnetic conditions, mysterious to us all. Individual and family precautions through disinfection of the premises may in some measure protect and prevent spreading

Bromo-Chloralum ought to be used freely in families and about the dwellings and out-buildings, for my experience fully convinces me that it is the best, most reliable and least objectionable of any disinfectant known; it, being odorless, can be used in sleeping rooms, and indeed in any part of the house."

NOTE.—If persons either in the Yellow fever or malarial districts will suspend a cloth in each room a yard square, moistened with Bromo-Chloralum, diluted one part with eight of water, the chemical action upon the septic particles floating in the air will entirely destroy them, and render the air healthy.

We had occasion to test its value on the Saginaw River, where the netting covering the windows was sprinkled every evening with it diluted, and cloths were kept suspended in each room in the house, the result was that the occupants escaped the usual attack of malarial fever and we see no reason why a similar application should not equally avail against yellow fever.—*Eds.*

#### **Elixir Iodo and Bromo-Chloralum in Diphtheria.**

Extract from letter of M. Rozel, M. D., Clifton, Kansas, Aug. 8, 1878.

"I was recently called to treat a case of Diphtheria in a young girl about twelve years of age, and after exhausting all other remedies, finally succeeded in subduing it by administering half-teaspoonful doses of the Elixir Iodo every hour, using in conjunction a gargle of Bromo-Chloralum diluted one part to six parts of water. The irritation was speedily allayed and I had the satisfaction of seeing the little sufferer sleeping quietly within three hours. The next day she was playing with her companions in the yard.

This case satisfies me of the value of these remedies in that dreaded disease Diphtheria."

#### **Elixir Iodo with Hydrargyri Bi-Chloride in Syphilis.**

Letter from Dr. SALEM WILSON, Iowa.

The case of syphilis for which you prepared me some time since, the Elix. Iodo-Bromide Calcium Comp., with Hydg. Bi-chloride, has progressed very favorably, and what is astonishing to me, is that the improvement has been so rapid under this combination. I had, before using the Elixir tried all orms of hydrargyrum, without removing the disease, as it would return on the least exposure. The use of the Elixir for one month gave better results than all my medication. I am now satisfied that it was complicated with Scrofula, and, that the Elixir will remove and cure Scrofula I have become fully convinced, from its use in many moderate cases. The use of Hydrargyrum in minute doses in combination, seem to at once neutralize or destroy the vestiges of specific poison, and clean the case up at once. There are cases that at times baffle all the skill a physician is possessed of, and I truly recommend them to try this in any such case.

### Elixir Iodo in Epilepsy.

Extract from letter of JAMES REED, Esq., M. D., of Beedsville, Mayor of Inverness, and Warden of Co. Megantic. Province of Quebec, Canada. March 20, 1875.

"Your Iodo Bromide of Calcium Comp'd. has given me a great deal of satisfaction, and more particularly in one case of Epilepsy caused by Scrofula, and caries of the frontal bone. It was a desperate case and had been under the treatment of several medical men, including the President of the Medical Association, of the Dominion of Canada. These practitioners had used Iodide of Potass, Donovan's Solution, and other medicines with very little effect. I put him under the 'Elixir Iodo,' using the Solution properly diluted, as a topical application. He had been under this treatment but a short time when there was decided improvement in his general health — *The spasms ceased*, the sores discharged less profusely, and several pieces of frontal bone came away. The young man who is a merchant of considerable prominence, though not yet entirely cured, has been able for the past three months to attend to his business, much to the surprise of his friends, and particularly of the physicians who have heretofore attended him."

### Iodo in Rheumatism.

Extract from letter of MR. M. LUTHER SHEETS, Apothecary, Baltimore, Md, July 27, '78.

"I have been using considerable of your Solution Iodo in prescriptions, and one physician has had wonderful success with it. The patient, a woman afflicted with rheumatism in the legs, had been pronounced incurable by our best surgeons, in a short time after using the Iodo, regained partial use of the limb, which she had not had for some years. She had been left lying in one position, and when she got out of bed her leg was contracted. He at the same time used internal remedies, but gave the solution the credit for most of the beneficial result."

Letter from W. H. H. BEESEN, M. D., Donelson, Ill., June 29th, 1878.

"I have been using the Elixir Iodo Bromide of Calcium Comp. prepared by you, and find it the *sine qua non* in chronic disease. We should class it as one of the finest blood medicines used. I find that your Firwein is an excellent remedy in all Lung affections. The patient will invariably call for it, saying that it does him more good than

all other remedies. I am a constant reader of your Journal, and think it is to be classed the best of all of my Journals. My attention has just been called to LIQUITRIZINA, and find that it is a complete disguise for the administration for bitter medicines. I have tried most all of the so-called disguises, but have not got good results."

### Elixir Iodo and Firwein Items.

J. V. MEYERS & Co., Mt. Vernon, Iowa, say: "Our physicians prefer Tilden & Co's. Fluids and other preparations. The Elix. Iodo is a great favorite with them, and so also is the Firwein.

Dr. C. L. CHAMBERS, Tipton, Io., says: "Your Elixir Iodo has done well for my patients. I have been very successful with it in sore throat of a Diphtheritic character; it is a good remedy in Scrofula and will never wear out".

L. ATWATER & Son, Prescription Druggists, Manchester, Iowa, say: "The Elixir Iodo and Firwein have a large sale with us. They give unbounded satisfaction to our physicians and to all who use them. They are the best remedies for what they are recommended, and are firmly rooted in the confidence of the medical fraternity."

DR. B. H. REYNOLDS, Manchester, Iowa, says: "I have great confidence in Tilden & Co's preparations, and prefer them to all others; they never have failed me. The Elix. Iodo and Firwein I use constantly in my practice, and for the diseases for which they are recommended, I know of no remedies in the whole range of *Materia Medica*, that are more worthy of the confidence of the Medical Profession.

### Diphtherine.

Extract from letter of F. CLARKE, M. D., C. M., Physician and Surgeon, Utica, La Salle Co., Ills., July 19, 1878.

"I have tried your new remedy 'Diphtherine,' and it is an excellent medicine, and I purpose using it in every case of Sore Throat, Diphtheria, and Scarlet Fever that I may have to treat. I am very often troubled with a relaxed sore throat and I have never found any remedy relieve it so well or so quickly as 'Diphtherine'."

### Bromo-Chloralum.

Mr. F. D. ELLIS, Forrestville, N. Y., says: "I have used Bromo-Chloralum for a long time in my business, and find it the best preparation I have ever had for preserving the dead.,,

### Tilden's Preparations.

Letter from E. G. WHEELER, M. D. Middlefield, Mass., Aug. 7, 1878.

"Gents:—Your Journal of Materia Medica is always a welcome visitor. I consider it one of the best, if not the best of medical journals published.

Many of your medicines I have used for a number of years. Your preparations of Iodo Bromide of Calcium Compound have become 'house-hold words' to the medical profession. They will always stand upon their own merits. I will endeavor, as soon as I have leisure, to report to you some cases in which these remedies have proved remarkably successful.

I always get a prompt and satisfactory response from your Fluid Extract of Ergot, "Formula 1874."

Firwein is an invaluable medicine.

Your Bromo-Chloralum is the best Deodorizer and Disinfectant I have ever found, and is highly beneficial in the treatment of many diseases and accidents almost daily met with by the practicing physician. It will, undoubtedly, if it has not already, come into general use."

Extract from letter of WM. EDGAR CUMMINGS, M. D., Rockland, Me., July 30, 1878.

"I consider your Fluid Extracts to be the *purest and best of any manufactured on the globe*. Your "Bromo Chloralum," in my opinion is the *best* deodorizer and disinfectant, *that could be* devised, and I *know* that your Elix. Iodo-Brom. Cal. Comp. is one of, if not *the best medicine* that can be made for the diseases for which you recommend it. It is very pleasant to the taste, and when I have had an opportunity of prescribing it, its employment has been decidedly satisfactory. I have used it very extensively for something like two years or more, among my patients, and in a case of long standing, dyspepsia together with general debility, female weakness, and angina pectoris. She has been an invalid for over 22 years, and has been obliged to keep her bed for the past 8 years, and I can safely say that your Elix. *has been the only thing that has kept her alive for the past two years!* If she stops taking it for a short time, the disease will return: (she has taken in all 31 bottles of the Elixir). She says "that she cannot get enough of it" and thinks that you "should be forever blessed for giving to the world such a wonderful medicine." I am in hopes that in time it will restore her to health perfect."

R. H. KING, 79 Tudor St., Bridge Town, Barbadoes, W. I., says: "I have used your Bromo-Chloralum successfully as a disinfectant, it "can't be beat." In a tropical country like this, decomposition comes on almost immediately after death. With one bottle of your "Bromo-Chloralum" I can defy decomposition, and will give you a hard square fact.

A gentleman came here from Demerara in search of health, he died suddenly on the 31st of December; his wife wished to take his remains away. The case was placed in my hands, I took charge of the body, saturated the clothes well with "Bromo-Chloralum," placed it in a metal coffin, then into a dressed coffin, and brought it to my house; it has now been here with my family eleven days, and will remain until the 20th for shipment to Demerara. I could not carry on my business successfully without your "Bromo-Chloralum," which I import regularly. You may publish this if you wish.

Extract from letter of A. V. CUNNINGHAM, M. D., Zelenople, Butler Co., Pa., June 14th, 1878.

"I would not be without the Journal for thrice the amount of subscription."

### Belladonna and Conium.

An investigation involving the comparative effects of Belladonna and Conium, induced the arrangement of the comparative specific effects we publish on page 160, which will not only be interesting to our readers but may be highly useful in determining which remedy, in specific cases may have been given, or ought to be given, to produce certain effects.

### Pruritus Vulvæ.

Letter from F. R. MILLARD, M. D., San Diego, Cal., July 27, 1878.

"Gents:—In the June No. of the Journal you give several prescriptions for Pruritus Vulvæ, all of which I have round to give relief, and often to fail.

I do not know who first prescribed R Tinct. Oleum Mentha Piperitæ as a lotion in this affection, but I have used it for ten or twelve years and it has seldom failed.

In the Pruritus accompanying pregnancy, I do not now remember a single failure. The above R. may not be new to the younger M. D's., but I have met many old ones who had never tried it.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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[Vol. XVII.—No. 9.]

**Leucocythæmia—Apoplexy and Hemiplegia—Carcinoma of Stomach.**

A CLINICAL LECTURE DELIVERED IN BELLEVUE HOSPITAL,

BY AUSTIN FLINT, M. D.,

PROF. OF THE PRINCIPLES AND PRACTICE OF MEDICINE AND CLINICAL MEDICINE IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

LEUCOCYTHÆMIA — LEUKÆMIA — PERNICIOUS ANÆMIA—DIAGNOSIS—PROGNOSIS—INDICATIONS FOR TREATMENT.

GENTLEMEN:—This case belongs in a group of cases which are of much interest and importance, as well as of much obscurity. In the group of cases to which I refer, the most prominent feature is a persistent, progressive, and generally fatal anæmia.

Some forty or fifty years ago, Dr. Addison, whose name is connected with one of the forms of disease belonging to this group, gave a very graphic description of what he termed "idiopathic fatal anæmia." He also described certain cases of idiopathic anæmia characterized by a dark discoloration of the skin—that form of discoloration of the skin familiarly known as Addison's disease.

Some thirty years ago, Virchow, of Berlin, and Bennett, of Edinburg, described an affection to which they gave the name of leukæmia (Virchow), and leucocythæmia (Bennett). The cases also which those observers described belong to this group. Both of these gentlemen called attention particularly to the fact that in the cases to which they alluded there was a marked increase in the number of white corpuscles in the blood, together with a marked diminution in the number of red corpuscles.

The alterations with reference to the corpuscular elements of the blood in this disease are very great. In extremely marked cases, the proportion of white to red blood-corpuscles is reduced to one in twenty, whereas in health the number of red blood-corpuscles vastly exceeds that of the white.

Subsequently it was found that certain cases presented the general characteristics of leucocythæmia, but in them this change in the blood was not observed. To this class of cases the same observers applied the name "pseudo-leucocythæmia" and "pseudo-leukæmia." They also are characterized by progressive and marked anæmia.

Something over forty years ago Dr. Hodgkin described a class of cases in which there was a notable enlargement of the lymphatic glands throughout the body. He was the first to call attention to that feature, and the disease is now known under the name "Hodgkin's disease."

In this disease also the most prominent feature is anæmia, marked in degree and progressive.

There is, then, a group of cases which has one common feature, and that is a *progressive and persistent anæmia*. There is a certain degree of analogy between these cases, although they differ in some respects. Concerning either one of these affections belonging to this group, our pathological knowledge is incomplete, and just how far they are identical and in what essential particulars they differ, is now difficult to say.

We have before us a case to which the name leucocythæmia can be applied, and by means of the microscopes now ready to be passed around, you will be able to observe the blood and see the predominance of the white corpuscles.

Within the last few years a class of cases has been described under the term "pernicious anæmia." It is called pernicious to distinguish it from cases of anæmia, common enough, which do not possess, as a rule, any very great gravity, and in which the affection of the blood is usually amenable to appropriate treatment.

Cases of leucocythæmia differ in the following respects: in some cases there is notable enlargement of the spleen; in other cases there is notable enlargement of the lymphatic glands in different parts of the body. Some, therefore, have divided the cases of leucocy-

thæmia, and have made a division based upon these points of difference.

But we meet with cases of pernicious progressive idiopathic anæmia in which we do not find leucocythæmia; neither enlargement of the spleen, nor enlargement of the lymphatic glands, in which, in fact, all that is discovered is the existence of the anæmic condition. It so happens that such a case came under my observation a few days ago, and at the autopsy nothing was found by which the anæmic condition could be explained.

I will next read the history of the case before us this afternoon: The patient's name is Smith, and he is sixty one years of age. He is a machinist by occupation, and was admitted to the hospital nearly two months ago. His father died of consumption; his mother of old age. He has three sisters and one brother, but there is nothing specially notable in their medical history. The patient has been a hard-working man and also a hard drinker. Some years ago he had gonorrhœa, but there is no syphilitic history. He had acute articular rheumatism when nineteen years old, and was confined to the bed three months. He has never had a second acute attack, but has had several subacute attacks of the same disease. He had three attacks of intermittent fever when a young man. About *three* years ago he began to feel unusual fatigue after *ordinary* exertion. He was troubled with slight dyspnœa on going upstairs, and his feet were somewhat œdematous. Although the anæmic symptoms were progressive, he kept at work until about *fourteen* months ago, when he first noticed a peculiar enlargement of the abdomen. A hard, ridge-like enlargement was found occupying the upper portion of the abdomen, to the left of the median line. There was some pain over the tumor. He had never had any pain over the region of the liver. The patient ceased work on account of increasing debility and dyspnœa. He became slightly jaundiced. He has never had any hemorrhage, nor vomiting, nor diarrhœa, nor bronchitis. He has had considerable œdema of the feet, but to some extent that has disappeared. He has not had general dropsy. There has been some febrile movement at night. The items of special interest in the clinical history of the case at present are dyspnœa, œdema of the lower extremities and general debility, together with a marked increase of the relative number of white blood-corpuscles and a corresponding diminution of the red corpuscles. His bowels are constipated. There is no albumen in the urine. There is a marked enlargement of the spleen, and the lymphatic glands in the groin are also somewhat enlarged. The heart is displaced up-

ward, the lungs are normal, and the liver is very slightly increased in size.

As we look at the patient we see that his face presents a distinctly anæmic appearance, with a slight tint of sallowness. From the appearance of his face we might naturally suspect that he is the subject of malarious cachexia. Directing attention to the abdomen, I feel very distinctly the margin of a solid tumor; there is a sense of resistance when pressure is made, which indicates the presence of a solid body. The long diameter of the tumor extends from the upper border of the spleen to the pelvis. By manipulation, the *hilus* of the spleen can be recognized. The apex of the heart is beating in the *fourth* intercostal space, and a little to the left of the normal position. There is a systolic murmur in the arteries.

#### TYMPANITIC RESONANCE CONVEYED BY A SOLID ORGAN.

I will here take occasion to remind you that tympanitic resonance can be conveyed to some distance by a solid organ. This is very well illustrated in this case. As you see, the margin of the tumor can be distinctly made out by palpation; but, as I make percussion, the tympanitic note obtained upon the right side of the abdomen is conveyed to a considerable distance beyond the border of the solid body. This is an important point to be taken into consideration in determining whether any change has taken place in the size of the solid organ. We have to deal then, in this instance, with a distinct case of leucocythæmia with marked enlargement of the spleen. It is, therefore, a case of the *splenic* variety of that affection.

There is much that might be said with reference to the pathology of the disease, but I will simply say that, in view of the leucocythæmic condition of the blood, we naturally enough direct our attention to those organs in which the formation of red blood-corpuscles takes place. The spleen is believed to be one of those organs. Our knowledge as to the exact manner in which the red blood globules are formed is yet, for the most part, theoretical.

It is most important and interesting to the patient to know what is to be done, and how much can be done towards effecting a cure. In a clinical aspect, the indications for treatment are distinct. Our object is to develop an appetite and promote digestion and assimilation, for the purpose of improving the condition of the blood.

These are the plain indications for treatment. Cases of this kind, as a rule, steadily progress, no real improvement taking place. Prognosis is unfavorable. Yet it is proper,

as far as possible, to follow out the evident indications. Chalybeate tonics may be used, with the hope that they may in some way contribute to the formation of red blood-corpuscles and a corresponding diminution of the white corpuscles. The termination of these cases is by gradual or rapid asthenia, or by syncope.

By way of diagnosis, I will remark that the general condition of the patient characterized by progressive anæmia is suggestive of malignant disease. Taking into view the infrequency of leucocythæmia, we should examine all parts of the body with special reference to the existence of carcinoma. The anæmia, the dropsical effusion, and the general debility are all consistent with the existence of malignant disease, and when we are able to exclude this condition, our attention may be turned to wards anæmia pernicious in character. I think cases of leucocythæmia with propriety may be embraced under the general term pernicious anæmia.

APOPLEXY AND HEMIPLEGIA—CAUSES—DIFFERENTIAL DIAGNOSIS BETWEEN CEREBRAL HEMORRHAGE AND EMBOLISM—INDICATIONS FOR TREATMENT — NOTABLE SYMPTOMS.

We will now turn our attention from this subject to one quite different in character, which will be illustrated by this case.

We have here a case of hemiplegia following an attack of apoplexy. The patient is a widow, 70 years of age, a domestic, and was admitted to the hospital on the 22nd inst. No family or personal history can be obtained. She was quite well up to the morning of the 21st, when, while sitting in a chair, she suddenly became unconscious, fell to the floor, and was found to be paralyzed upon the right side, and unable to speak. She was unable to swallow, and this is a feature of the case which is interesting and unusual. Of course a patient in intense coma may not be able to swallow, but when the coma subsides the power of deglutition returns. In this case, even after the patient has recovered to a certain extent, there is great difficulty, almost amounting to inability to swallow.

Her condition remained unchanged until admission. When admitted she was in a semi-unconscious state, and the right side of her face, her right arm, and her right leg were paralyzed. There was more motion in the leg than in the arm, which is the rule unless both are completely paralyzed. There was marked rigidity of the right arm and leg, and sensation was notably impaired upon the right side of the body. The right eye was not so closely shut as the left, and was suffused and congested. The right cheek was more flaccid than the left, and the right corner of the

mouth was lower than the left. The patient did not speak, but seemed to comprehend some words which were spoken to her.

She was unable to put out her tongue, but would make an effort to bring it out with the left hand. She continually put her hand to the side of her head, as if in pain. This point is important as bearing upon the hemiplegic condition. The pulse was slow, the respiration normal, and the temperature 100° F. Her nutrition was good. The liver and spleen were normal. No signs of general bronchitis were present. The patient yawned, a thing that not infrequently occurs with patients with various cerebral affections. The urine was normal.

The treatment consisted in the administration of two drops of croton oil, which produced two free evacuations from the bowels, and the introduction of milk and whiskey into the stomach by means of the stomach pump. She also received three nutritive enemas at intervals of four hours. The first was not retained. Half an hour before the second was given a suppository containing tannic acid was used, and the remaining nutritive enemas were retained.

On the 22nd inst., at 7.30 P. M., the temperature in the right axilla was 100° F.; in the left axilla, 97½° F. There is no special important practical conclusion to be based upon this, but it is a noticeable clinical fact. At 9 P. M. the temperature in the right axilla was 100° F.; and in the left, 95° F.; at 11.30 P. M., in the right axilla the temperature was 97° F., and in the left, 95° F. On the 23d morning, right axilla 100¼° F., left axilla 99° F.; at 5 P. M., right axilla, 100° F., left, 98° F.; at 8.30 P. M., right axilla, 99° F., left, 98° F.; at 11 P. M., right axilla, 98¾° F., left, 98° F.

From the record it is seen that the temperature was raised upon the *affected* side as the result of the paralysis. Bowels constipated. Urine drawn with catheter.

On the 24th inst., patient in about the same condition as on the day previous. The same difference in the temperature upon the two sides of the body continued. On the 25th inst., the temperature in the right axilla, in the morning, was 100° F., and in the left, 98¼° F. In the evening of the same day the temperature in the right axilla was 99° and 97° F. while upon the unaffected side the temperature in the axilla rose to 100° and 100¼° F. Here was a distinct elevation of temperature upon the *unaffected* side. On the 26th inst., the temperature in the right axilla was 99¾° and 98¼°, while upon the left side it was 100¼°, 100°, and 98¾° F.

Thus, you see, there was, up to yesterday evening, an elevation of temperature upon the



affected side, but then there was exactly the reverse; the temperature upon the affected side was falling to a trifle below the normal and upon the unaffected side rising as high as  $100\frac{1}{2}^{\circ}$  F.

There are points in this case which possess a certain amount of interest, and I shall direct your attention to this question: What is the cause of the apoplectic seizure, and of this paralysis? In attempting to answer that question, we must first place before our minds the different conditions which may produce apoplexy and hemiplegia. We are limited in the answer to this question by the fact that we have apoplexy followed by hemiplegia. That fact enables us to exclude certain causes of apoplexy without hemiplegia. For example, we are able to exclude meningeal hemorrhage, which would produce apoplexy, but not necessarily hemiplegia. In fact, the differential diagnosis in cases like this resolves itself into the almost exclusive consideration of *two* conditions. The various affections which might cause coma more or less gradually are readily excluded. We can throw out of consideration meningitis, tumor, and probably thrombosis.

The two conditions between which we are to decide are these: embolism and cerebral hemorrhage.

Let us consider what the points are in this case which favor the one or the other of these conditions.

In both the attack occurs suddenly. In both loss of consciousness may be absolutely complete. In both we expect the occurrence of hemiplegia. In the first place, embolism involves, as a rule, the existence of cardiac diseases or the formation of thrombus in the heart. It is therefore important to determine whether or not disease of the heart is present. In this case there is no disease of the heart represented by physical signs. That is one point against embolism. The age of the patient is another point against embolism. Embolism, it is true, may occur in all ages, but it is more likely to occur in early or middle life, whereas cerebral hemorrhage occurs only rarely in middle or early life, but, in the very great majority of instances, after the middle and in the later periods of life.

Does the fact with reference to the side upon which the hemiplegia occurs have any bearing upon this question? It is of some assistance. In much the larger portion of cases, when the hemiplegia proceeds from embolism, it affects the right side of the body.

In a considerable proportion of cases, hemiplegia produced by cerebral hemorrhage is upon the right side of the body.

Again, it has now been *five* days since this

patient had her apoplectic seizure. In most cases of sudden loss of consciousness and hemiplegia from embolism, there is a more distinct improvement as regards intelligence and paralysis than has taken place in this case. The fact, then, that this patient, after this number of days, has regained only in so limited a degree her mental power, and has improved so little, if at all, in her paralysis, is very strong evidence in favor of cerebral hemorrhage and against embolism. These are the more important points which are involved in the question of differential diagnosis. The conclusion which we reach, then, is this: that in all probability we have to deal with a case of apoplexy and hemiplegia produced by cerebral hemorrhage. There is another point, but I am not sure that we can bring it to bear very strongly in this case; perhaps we can to some extent. If we have hemorrhage in the brain, we have a clot formed. This clot constitutes a foreign body and excites around it a certain amount of circumscribed inflammation. Consequently there is likely to be some pain referable to the head, if the patient is conscious of it. In this instance it is a fair presumption that the patient has had some pain, for at one time she indicated it by carrying the left hand to the head very frequently. Moreover, with this circumscribed inflammation about the clot, there is likely to be some fever as indicated by the temperature and the pulse, and occasionally slight delirium occurs. When these symptoms are present they seem to me to point to cerebral hemorrhage in contrast with embolism. In this case we find that there has been elevation of temperature upon the *unaffected* side of the body. There has been elevation of temperature upon the affected side, but the effect of the paralyzed condition is to increase the temperature; hence, we cannot take it as evidence of inflammatory action, but when it occurs upon the unaffected side, we can, perhaps, take it as evidence of increased temperature produced by inflammatory action.

These are the points which go to corroborate the diagnosis of apoplexy and hemiplegia produced by cerebral hemorrhage. I will add that the indications for treatment are very simple. The patient is to be nourished, and this is being done by the introduction of food into the stomach and the rectum. Proper palliative remedies may be used as the symptoms indicating their employment may arise. When recovery has taken place to a certain extent, the object of treatment will be to cause return of will-power through the paralyzed muscles.

[The case was presented two weeks later. There was considerable improvement. The patient could swallow and had considerable control over the affected lower extremity, with

a moderate amount of control over the upper extremity. She had recovered from the immediate effect of the extravasation. Aphasia was apparently complete.]

**CARCINOMA OF THE STOMACH—PROBABLE ULCERATION—INDICATIONS FOR TREATMENT.**

The next case which I present to you is J. B., æt. 40, a carman, and he says he has been sick five or six months. On questioning him, we find that his chief ailment relates to the stomach. He has had pain, which he refers to that region; not severe, but a dull, heavy pain. He has vomited almost daily during the time in which he has been sick; he has vomited from one to two hours after taking food; he has never vomited blood; he feels distress in the stomach after taking food, and feels a sense of relief after the vomiting has occurred. He has lost in weight between thirty and forty pounds.

Vomiting, in the first place, occurring in a man, and, in the second place, persistently, as in this case, implies some affection of the stomach. In young subjects, especially women, vomiting may persist for a very long time and yet be purely a functional affection.

What this patient says relative to the occurrence of vomiting at a certain time after the ingestion of food, and the act of vomiting being followed by relief, is a fact of considerable importance. The natural interpretation is this: there is a condition of the stomach which renders it unduly susceptible to the presence of aliment. It occasions distress while it remains in the stomach; but when, finally, vomiting has been excited and the offending material has been removed, there comes a sense of relief. Such symptoms point to ulcer of the stomach. In acute gastritis or even in chronic gastritis, if vomiting takes place after taking food, it occurs more quickly than in this case.

The aspect of this patient is not that of an unhealthy man. What we are to look for in such a case as this is either ulcer or carcinoma. If carcinoma, ulceration is likely to be a concomitant. Upon what are we to base our diagnosis? We are to depend upon what we discover by manual examination. If we are unable to find any tumor which we can refer to the stomach, the probabilities will be in favor of gastric ulcer. If, on the contrary, we do find a tumor that can be connected with the stomach, taking this history as given to us by the patient, we may make positive diagnosis of carcinoma of the stomach with ulceration. We say carcinoma with ulceration because the distress and vomiting after taking food, relate to the ulceration, which is concomitant to the carcinoma.

*Physical examination.*—It does not require

much examination to determine that this man has an abdominal tumor which is not at all desirable. It can be completely isolated from the liver. It is rather movable. It is lobulated. It is in the neighborhood of the pylorus. The mobility of such tumors depends upon the extent to which attachments have been made to the surrounding parts. Associating what we find here with the history of the case, we need feel no hesitancy in making the diagnosis of the carcinoma of the stomach.

With reference to treatment, it is merely palliative. Pain in this instance is a symptom to be palliated; so also is the vomiting. I should say, prescribing for the patient as now presented, that some form of opium is indicated. I prefer to use codeia, for the reason that it is much less liable to produce disagreeable after-effects than are some of the other preparations of opium. I should recommend, therefore, that this man take  $\frac{1}{4}$  of a grain of codeia twice a day.—*Medical Record.*

**Treatment of Chronic Intermittent Fever.**

BY J. E. BLACK, M. D., NEWARK, O.

The progress of therapeutics in the two last decades has not been commensurate with the other departments of medicine, nor at all flattering to us as its custodians. Histology, surgery, ophthalmology and gynecology have far outstripped therapeutics in this respect. Except as to chloral, cod liver oil, bromide of potassa and a few other remedies of minor note, we of to-day differ but little, or do not have much better instrumentalities for the cure of disease than our predecessors. True, many articles of the materia medica are better prepared, more convenient and less nauseous, all of which conduces more to their agreeableness than to an increase of the therapeutical virtues.

That therapeutical improvement moves very slowly—any one can readily see by examining almost any of the leading articles of Ziemssen's Cyclopaedia. The wealth of description as to all the phases of morbid action, the thorough analysis of its pathology and pathogeny involuntarily lead one to think such a masterly grasp of disease must certainly be able to give us something new and better as to its cure—the great goal of all our work. Keen disappointment first, then a thought akin to contempt at such barren and impractical learning arises in the mind. Yet all our critics have little to say of the work—save that which is eulogistic—largely I must avow as it appears to me, because it is a foreign work. If we turn to our journals for evidence of ther-

apeutical progress we find them often burdened with the report of unique variations of disease instead of a better *methodus medendi*—all but useless in a practical point of view, and with wearisome researches often, indeed generally, of contradictory import as to morbid histology, until one is led again and again to ask, where do we stand, or what do we certainly know, or of all of it, in its therapeutical aspects, *cut bono*? For the last quarter of a century I have endeavored to follow the ups and downs through fogs and morasses in the search of the ultimate in the pathology and pathogeny of consumption, and feel fain to say that at this moment I am not a whit wiser than when I began, nor a whit more skillful in its treatment, than those who have ignored all I have studied. In reality, my notions thereon are if anything more confused and indefinite than when I began to have any.

To my mind the aim and objects of morbid histology have an ill comprehended bearing, one from which is expected far too much. By the use of the microscope and other appliances we are able to see a little further how a blade of grass grows, but the why, is, and forever will be, as far off as ever. By the same means are we able to discern somewhat sooner, its very minute or earlier beginning, but nothing more. Just so is it with the histology of disease. It is valueless except as a means of earlier and surer diagnosis. Its most careful study will not reveal the point of departure from the healthy to the morbid state, nor the why of a morbid process, still less why this or that agent will modify an abnormal process for good or for ill.

Looking at my mind introspectively I imagine that my therapeutical advancement has been at least equal, if not greater than that in any other department of medicine. In large part is this doubtless owing to the enlargement and ripening of experience, yet that this does not include the whole of it, am I made aware by a comparison of my methods with those laid down in contemporary literature. In reality, it seems as if there were sound reasons for believing that the advance of therapeutical methods is far greater than it appears on paper. In other words, the advances in this department are more largely personal than in any other department of medicine, and are not even as fully communicated to the press, nor even largely to envying physicians. There is some justification for this reticence in the fact that quacks profit quite as much if not more by such revelations of progress than any other class. Few of them are bold enough to attempt to carry out the recent improvements in surgery and gynecology; as with these is largely inher-

ent the skill of the operator—not to be readily attempted by any one who reads and runs. Though it is not desirable to throw pearls before swine, and such swine too that make a speciality of maligning us to the popular eye—yet if we are rich enough, and I think we are, not to miss what is given away—the well tested verities of practice should be mutually interchanged. Shrewd old Sam. Johnson said that no one but a fool writes for anything but money, a saying that seems peculiarly applicable to this utilitarian age, yet I have got so in the habit of acting the fool that I am at it from the pure force of habit.

What I have learned in the field of experience as to the best mode of managing—what often puzzles the practitioner, the cure of chronic intermittent fever, or more properly, the mode of preventing the fever becoming chronic, is the outcome of no little observation.

Twenty, or more years ago, having been less successful in the management of this and some other lingering diseases than some illiterate practitioners, and the same lack of comparative success having been observed again and again in the practice of others as well or better educated than myself, I was led to enquire on what the superior management of the former depended. It is humiliating to be less skilful than one's ostensible peers, but to be compelled to acknowledge that men quite ignorant of the fundamentals of scientific medicine should be able to cure some chronic diseases better than the well educated physician is enough to mantle one's face with shame and mortification. Such at least were my emotions, and I determined not to rest in study until I would be, not on the same plane merely, but above that of illiterates so far as the management of any lingering malady was concerned, as it was in this that they nearly always and only excelled.

For many years empirics in medicine have devoted themselves to the department of chronic diseases as if it were their own domain, so much so, that for any regular physician to take it up is to make him savor of the class that have made such diseases their only specialty. But I for one have never been willing thus to relegate chronic diseases to the illiterate, or like an old friend of mine to thank God for a Dr. F——, who takes all that class of cases off his hands.

It will not be denied, granting that we are every now and then outwitted by others in a more successful management of some lingering diseases, that such a result goes very far to blot out in the popular mind much of our claims as the genuine exponents and dispensers of scientific practice. The masses judge

of medical merit far more by results or cures than by learned words, indeed, it is to them about the only test of rival worth in things medical, and to treat the triumphs of the illiterate with scouting ridicule is to strengthen more than to weaken their hold upon the confidence of the public. To fall back upon our dignity in such instances is simply a puerile inanity; the only true course being to ascertain the secret of one's success, and of another's failure.

It is presumed that almost every physician has had to listen to the details of some doctor's failure to cure this or that disease, and of another's prompt success, and while some allowance should usually be made for other factors of recovery than the drugs administered, yet there are without doubt, very many cases in which the therapeutical measures have applied the predominant part. Assuredly, the evidence of a better method of cure is nearly always stronger and indisputable in the management of chronic than of acute maladies. One physician after another has had ample opportunity to exercise his skill only to fail ingloriously, while another meets with immediate success. Surely this is as decisive evidence of the relation of cause to effect as the physician can ordinarily hope to see. True, there is little value to be attached to single cases; time and a large number of cases are often indispensable to a mature judgment as to the superiority of one plan of treatment over another. In fact, no estimate of any worth as to the power of remedy over disease is of value until it has been verified by observation in a large number of instances, and its exact powers and adaptations definitely determined.

Undue haste cannot be laid to the charge of the plan of treatment I have to recommend for obstinate intermittents. In the beginning of my supervision over this disease I followed the stereotyped routine of administering an active cholagogue cathartic, then quinine to arrest the paroxysm. After which bitters of various kinds such as of peruvian bark, boxwood, etc., etc. were ordered. If these proved insufficient, which they often did, then a repetition of about the same medicines were ordered in larger doses, with perhaps an additional portion of quinine every morning before leaving the house. Now and then in unusually obstinate cases, Fowler's or Hall's solution was tried, with such other treatment as the nature of the case seemed to require. My success was far from that which every physician desires, and I contented myself and relieved my chagrin by laying the blame of failure upon the indiscretions of the patient. Like others I would be induced every now and then to try some new cure highly vaunted

through the press, only however to find it as unsatisfactory or more so than the old. In some instances doubtless this arose from a difference in the grade of morbid tendency and tensivity. Observers whose judgment and skill are beyond doubt have related the entireness of the success of this or that method. This, in addition to personal observation in widely separated latitudes has convinced me that what may be quite successful in one region may prove very unsuccessful in another. In other words the plan of treatment found entirely efficacious in New England or in the non-malarious regions of this State—is quite otherwise in the intensely malarious, and that even the readiness with which the disease yields one year furnishes no assurance that the same will occur next year. This has reference, however, more to dosage and substitutes than method. I have no faith that the doses of medicine equal to the arrest of intermittents in the 40° latitude would be equally efficacious in 20°. In some regions where intermittents have a mild prevalence, medical reporters assure us that cinchonidia, cinchonine and quinidia are quite as efficacious as quinine for the arrest of periodicity. When the disease is mildly prevalent, as during the vernal months of the year, I have found them to act quite satisfactorily, but wholly unreliable during the autumnal months. Again and again have I been chagrined and mortified that a complete remission of fever for eight or twelve hours had not been rendered permanent under such treatment. In having to fall back upon quinine so often I have learned to regard it as an agent that rarely fails to accomplish all desired by its administration, to look upon its lauded substitutes with suspicion, and to be firm in the determination not again to be led to try alleged equal or better agents on the recommendation of inexperienced and foreign observers.

(To be Continued).

#### Caffeine as a Diuretic.

Prof. Gubler asserts that caffeine and the other alkaloids analogous to it, such as theine, mentheine, etc., are excellent diuretics. They act very rapidly, and are particularly useful in cases where other medicaments can no longer be tolerated. He gives these alkaloids in doses of from four to eight grains a day. The following formula is the one usually employed by Prof. Gubler:

R. Caffeine (or theine or mentheine) gr. vijs.  
Syrap. menthæ ..... ʒj.  
Aquæ melissæ ..... ʒijs.

M.

Medical Record.

### Coto-Bark, Cotoin, Paracotoin.

Shortly after the appearance of jaborandi, another drug of probably equal importance was introduced from Brazil and Bolivia. Its definite specific properties in several diseases render it likely that it will occupy a prominent position in our materia medica and will very soon be adopted into the pharmacopœia. It is not yet definitely known from what tree the coto-bark is derived. Some suppose it belongs to the lauracæ or terebinthacæ, whilst others think it originates from the piperacæ. Its peculiar action renders the latter view most probable. It occurs in commerce in irregularly broken, flattened or slightly curved pieces, 0.2—0.3 meters in length and 8—14 millimetres in thickness. It has a reddish cinnamon-brown color, an aromatic odor, a peculiar biting taste, slightly bitter, but not particularly astringent. Whittstein (*Archiv. f. Pharmacie*) found the principal ingredients to be an æthereal oil, a fluid alkaloid with a herring-like odor resembling that of propylamin, a soft and a solid resin. According to Jobst, the bark contains about 1.5 per cent of a crystallizable substance called cotoin, which can be extracted by ether. From water it is extracted in small quadrilateral prisms of a pale yellow color; from alcohol in prisms of larger size. These have a pungent taste and neutral reaction; cotoin is slightly soluble in cold, readily in warm water, ether and alcohol. The same chemist stated that after his examination of the first specimens, a second supply was received, from which he extracted a somewhat similar crystallizable body in yellowish, flattened crystals. In this specimen however the peculiar pungency of cotoin was not observed, nor was its solubility so great. Jobst gave this the name "paracotoin," and remarked concerning it that there was a similarity between this bark and the cinchona bark, where with very little external difference in appearance we may extract quinine, cinchonidin or cinchonin. Merk gives the following distinction between cotoin and paracotoin: cotoin is soluble in hot water, melting immediately therein; paracotoin, on the contrary, is only slightly soluble, requiring long continued boiling. Upon the addition of nitric acid, cotoin turns red, paracotoin green. Besides, the solubility of the two differs widely in alcohol and ether.

Coto was first tested clinically in Germany by Prof. Gietl, of Munich. His experiments were made in part with the powdered bark and in part with an alcoholic tincture (one part bark to nine of 85 per cent alcohol), and his conclusion was that in this agent we possessed a specific in various forms of diarrhœa.

Dr. Riecker, of Stuttgart, experimented more fully and came to similar conclusions.

Recent issues of our German exchanges contain the best accounts of this agent which have thus far appeared. Two of these reports are especially noteworthy and we shall therefore present abstracts of them. The first is a *Directe Mittheilung* to the *Allgemeine Medicinische Central Zeitung*, No 55, 1878, by Dr. Fronmüller, who states that during the past year he has employed coto and its preparations therapeutically, two hundred times. Of 143 cases he has carefully tabulated statements of the results obtained. The maladies from which these 143 patients suffered were, pulmonary tuberculosis 62, typhus 38, catarrhal diarrhœa 12, acute articular rheumatism 8, gastric catarrh 6, pneumonia 6, uterine colic 3, bronchitis 2, œdema of the feet 3, rheuma 1, anorexia 1, diphtheria 1, albuminuria 1. In 93 of these cases there was severe colliquative diarrhœa, and in 91 profuse sweating, also colliquative; both these complications very frequently co-existed. Of the various preparations coto-tincture was employed 109 times in doses of 15—500 drops, averaging, however, 100 drops per day; cotoin was used 24 times, twice in solution, 22 times in powder (0.1—0.3 several times a day); paracotoin was resorted to five times in somewhat larger doses, and the resin also in five cases.

The clinical administration of the coto preparations was mainly symptomatic, as it was employed principally in cases of excessive diarrhœa and sweating.

In the treatment of diarrhœa, coto was used in 92 cases, in 85 of which it was administered in the form of tincture. These diarrhœas were principally of a colliquative nature, the result of typhus and tuberculosis. A cure was effected in 50 of these; the diarrhœa was partially controlled in 26, and in 9 cases no result was obtained. The average dose was 50—100 drops of the tincture daily. In a majority of cases there was a relapse of the diarrhœa in a few days, but it could then be more readily checked than before; if continued for some time the usual result was that the passages became quite regular. This tincture (1 part bark to 9 of alcohol) was generally quite readily taken by the patients, whether diluted with water or not. In a few cases, in which very large doses were administered, complaint was made of burning and itching sensation in the throat. A peculiar advantage claimed for the agent by Fronmüller is that it increases the appetite whilst the remedies usually resorted to diminish it. The best mode of administration, in his opinion, is to drop it on a lump of sugar or dilute it with water.

Fronmüller's attention was directed to the

effect of coto on hyperhydrosis by the observation of a case of phthisis with colliquative diarrhoea and sweating, in whom both these symptoms disappeared after full doses of the medicine given for the purpose of checking diarrhoea. From that time forward, he employed it in cases of hyperhydrosis with excellent results. Altogether he ordered the tincture in 91 such cases, with 34 perfect and 36 partial cures, while 21 cases seemed uninfluenced by it. The good effect, which seems to depend upon increased tonicity of the superficial vessels, usually lasted but one night, though sometimes longer. Digestion was not impaired; the appetite was indeed so often increased that the writer frequently administered it throughout the morning hours as a stomachic in anorexia. For its full effect he here found it necessary to give 100—200 drops pro die.; for night-sweats he advised the same quantity toward evening.

Cotoin and paracotoin were given in all 18 times in various forms of diarrhoea; 9 of these resulted in perfect and 6 in partial cures, whilst in 3 cases no effect was produced. In night sweats these two agents were also given 18 times; 8 were stopped, 9 partially controlled and 1 was not affected. A peculiarity observed by Fronmüller in the urine after the administration of cotoin was that if treated within six hours after its passage with nitric acid, a distinctly red color was produced. If allowed to stand a few hours longer, the phenomenon will not be manifested. The great objection to the more general use of cotoin at present is its very great cost.

The second communication to which we call attention is that of Prof. Baelz, of Japan in *Central-Blatt für d. med. Wissenschaften*, No. 21, 1878; he states that when cholera appeared in Yokohama in July, 1877, he made the experiment of employing paracotoin subcutaneously in doses of 0.2 grammes. The quantity at his disposal was so exceedingly limited that it sufficed only for the treatment of five cases, all Europeans then resident in Japan. The results in these were so very striking that we give in full the account of one of them, a well nourished girl of twenty-two years. The physician, called in four hours after the first manifestations, found her in an apathetic, almost cyanotic condition, with cold extremities and thread-like pulse. There was frequent vomiting, with rice-water stools passed involuntarily. At 4 p. m., 0.2 grm. paracotoin was administered subcutaneously (suspended in equal parts of water and glycerine). Vomiting ceased immediately. The next stool, 1½ hour afterward, was thin; the same amount of paracotoin was now given per orem. All the symptoms improved;

the pulse became stronger and regular, the extremities were warm and the cyanosis disappeared. Cognac was given in small quantity at intervals of fifteen minutes. At 8 p. m. another stool. At 12 o'clock at night another injection of paracotoin. On the next day the patient is very weak but improved rapidly.

In the same house, the following day, Baelz cut short another case of cholera by paracotoin. The other three cases were milder. In one of them such constipation was produced by the paracotoin as to render castor oil necessary a couple of days subsequently. One of the patients, a pregnant woman, continued to vomit for two days after complete cessation of the diarrhoea.

The only objection Baelz finds to the use of paracotoin subcutaneously, is its very slight solubility in convenient fluids. He considers equal parts of glycerine and water as the best vehicle.—*Cincinnati Lancet and Clinic*.

### On the Species of Berberis of the Pacific Coast.

BY JOHN M. MAISCH.

The genus *Berberis* comprises shrubs, which have a more or less yellow wood and a yellow inner bark, and produce racemes of yellow or yellowish flowers, and several-seeded acidulous berries. As at present constituted, about 50 species are known which belong to both continents, but are largely South American. One species, *Berb. vulgaris*, Lin., is indigenous to Europe, has been naturalized in New England and grows spontaneously in other parts of the United States. It has the early leaves reduced to sharp, usually triple spines, from the axils of which deciduous, obovate, spatulate, bristly, serrulate leaves without pointed petioles, are produced. The shrub grows 6 to 8 feet high, while the only species indigenous to the eastern section of the United States is but 1 to 3 feet high. This is the *Berb. canadensis*, Pursh, which, however, according to Gray, is not indigenous to Canada, but grows in the Alleghanies of Virginia and southward; it has repandly-toothed leaves and few-flowered racemes.

A larger number of species are found in the Western United States, in the territory bordering the Pacific. All of them are, however, very different in aspect from those noticed above, the differences having been considered so important that the plants were arranged by Nuttall into a separate genus, *Mahonia*, which was also adopted by De Caudolle, but has more recently been regarded merely as a sub-

genus of *Berberis*, from which it is distinguished by evergreen oddly pinnate leaves with sessile spinulously-toothed leaflets, by the absence of glandular spots at the base of the petals, and by the presence of a tooth on each side of the apex of the filament. While the berries of the species noticed above are of a bright-red or scarlet color and oblong or oval in shape, the species of our Pacific coast have globular dark blue berries. On that account it seems they are indiscriminately called *Oregon grape*; it will at least be observed from the statements below, that Pursh included *Berb. repens* in his *Berb. aquifolium*, to which, it is asserted, the name of Oregon grape is usually given, and Mr. Neppach informed us that the plant analyzed by him (see page 373) is known by the same name in those parts of Oregon where it grows. All the species resemble one another so closely, and they all vary in aspect to such an extent, that it will be very difficult for others than botanists to distinguish them. It appears also that these plants have been used indiscriminately on the Pacific coast for many years, and it is not unlikely, that they are indiscriminately collected and used as *Berberis aquifolium*.

As indigenous medicinal agents, they certainly deserve the attention of physicians; but we doubt that they will be found to possess greater efficacy or markedly different properties than the numerous drugs which contain notable quantities of berberina.

Excellent descriptions of these plants are contained in a work recently published under the title: "Geological Survey of California. Botany, vol. i, Polypetalæ: by W. H. Brewer and Sereno Watson. Gamopetalæ: by Asa Gray." With the annexed plate of *Berb. repens*, Lindl., for the use of which we are indebted to Mr. C. G. Lloyd of Cincinnati, we publish the descriptions of all the California species, and merely remark, as to the venation, that the pinnate venation is well marked in the plate, and that the leaflets of *Berb. nervosa* before us have, aside from their different shape, one or two veins on each side of the mid-rib originating at the very base thereof. The leaflets of *Berb. aquifolium* differ from those figured in being narrowed towards the apex.

*Leaflets Pinnately Veined.*

**BERBERIS REPENS, Lindl.**—A low, somewhat procumbent shrub, less than a foot high; leaflets 3 to 7, ovate, acute, not acuminate, 1 to 2½ inches long, not shiny above; racemes few, terminating the stems, 1 to 1½ inch long. *B. aquifolium*, Pursh, mainly and of numerous authors. Throughout California, and ex-

tending northward to British Columbia, and eastward to Colorado and New Mexico.

**B. AQUIFOLIUM, Pursh.**—A shrub 2 to 6 feet high, leaflets usually 7, but often more, the lower pair distant from the stem, ovate to oblong-lanceolate, 1½ to 4 inches long, acuminate, green and shining above, sinuately dentate with numerous spinose teeth; racemes 1½ to 2 inches long, clustered chiefly in the subterminal axils; fruit nearly globose.

Frequent in Oregon and northward, where it is known as the "Oregon grape," and reported southward in the coast ranges even to Monterey. Pursh's description and figure belong mainly to *B. repens*.

**B. PINNATA, Lag.**—Very much like the last species, but the leaves more crowded and more nearly sessile, the lower pair of leaflets being approximate to the base of the petiole; leaflets usually 5 to 7; racemes more frequently lateral upon the branches; fruit oblong, ovoid, 4 lines long. *Mahonia fascicularis*, D. C.

Hills about San Francisco Bay, and eastward to San Diego, thence east to New Mexico. Fruit pleasant to the taste, and known to the Mexicans as *Leña amarilla*. There has always been much confusion, and is still some uncertainty respecting this species and its allies. Lagasca's original description (published in 1803) professedly included specimens both from Monterey and from Vancouver Island, while the plant cultivated in the gardens from his seeds, and figured under this name, appears to have been wholly the Oregon form, which Pursh afterwards included with the low *B. repens*, in his description and figure of *B. aquifolium*. Humboldt and Bonpland afterwards applied the name *B. pinnata* to a Mexican plant, figured by them, and DeCandolle at length included all, the Mexican, California and Oregon together, under the name *Mahonia fascicularis*. The question of synonymy is most conveniently solved by retaining what has become the ordinary application of the names, *B. fascicularis* being limited to the Mexican species, which seems distinguishable from the Californian *B. pinnata* by its more numerous, more acuminate and less shining leaflets.

*Leaflets Palmately Nerved.*

**B. NERVOSA, Pursh.**—Stems simple, but a few inches high; petioles and peduncles springing from the apex, accompanied by dry glumaceous rigidly acuminate bracts; leaves 1 to 2 feet long, of 11 to 17 ovate acuminate leaflets; racemes elongated; pedicels short; fruit larger than in the preceding species, 3 to 4 lines in diameter. *Mahonia glumacea*, D. C.

Near the coast from Monterey to Vancouver Island.—*Am. Journ. of Pharmacy.*



## Meconoiosin, a New Derivative from Opium.

BY T. AND H. SMITH.

In the final isolation of meconin, the oleaginous-like liquid containing it, upon being left to itself for some days, sets into a mass of crystals. Those crystals, upon being drained, and cautiously washed with cold weak spirit, are to be boiled in a large quantity of water. The filtered liquid gives a crystallization of meconin, and the mother-liquor, when concentrated, and upon being set aside for a time, yields beautiful leaf-like crystalline masses of the body to which we have given the name of Meconoiosin.

This remarkable crystalline form, which, in its impure state, is assumed by meconoiosin, as well as the brown color of the crystals, enables this body to be readily distinguished from the soft and nearly white meconin, which crystallizes along with, and upon it, in a manner not unlike the incrustation of minute shells upon a rock. If this meconin be now removed, the meconoiosin, by means of a few crystallizations from hot water, with the aid of charcoal, may be obtained in the pure state, free from color.

This substance is especially interesting because that now, in it, a second chemically different body existing in opium is met with. Hitherto meconin alone has been distinguished by this characteristic. Moreover, the respective chemical constitution of those two opium products reveals an apparent relation, meconin being represented by the formula  $C_{10}H_{10}O_4$ , and meconoiosin by the of  $C_8H_{10}O_7$ . Both bodies are freely soluble in alcohol and ether, but as regards their solubility in water, the two substances present a striking contrast. Meconin is very slightly soluble in cold water; and in boiling water, unless in the proportion of about 1 in 50, it refuses to dissolve, remaining at the bottom of the liquid, like a heavy oil. Meconoiosin, on the other hand, is soluble in 27 parts of cold water, while in boiling water it is soluble to almost any extent, forming as the heat rises, and before being shaken up, a syrupy solution at the bottom of the liquid.

We have not yet ascertained the boiling point of meconoiosin, but it has been heated to  $230^{\circ}C$ , without boiling. It melts at  $88^{\circ}C$ .

When heated with slightly diluted sulphuric acid, and when the evaporation has reached a certain point, meconin produces a beautiful green color. With meconoiosin, under the same circumstances, the coloration is deep red, becoming purple.

In our case at the Paris Exhibition are shown crystalline specimens of meconoiosin,

both in the pure and in the impure form—*Am. Jour. of Pharm.*

## The Use of Chloral in Alcoholism.

Dr. Fürstner, of Vienna, is quoted by the *London Medical Record* on the subject as follows:

In the first published cases of delirium tremens treated by chloral, its favorable action was not always very marked; sometimes its effect was temporary, sometimes altogether absent. In some of the cases toxic symptoms were caused, and it soon became evident that the dose necessary to produce the desired result varied within very wide limits. It must never be forgotten that many patients when they first come under treatment, have still a large quantity of uneliminated alcohol in the system. Though the general symptoms of depression, caused by large doses of alcohol are often not very marked in habitual toppers, still the condition of the pulse deserves the most careful consideration in deciding the dose of chloral to be given. Certain patients, not necessarily weak and emaciated, but apparently robust, muscular persons, often have a remarkably small, frequent, compressible, occasionally irregular pulse, with great faintness of the heart sounds, and a less degree of motor restlessness than usual. The author has repeatedly satisfied himself by necropsies that these symptoms are not due to any disease of the heart; they must, therefore, have a central cause. Having regard to the facts that chloral has been proved experimentally to have, in large doses, a paralyzing action on the heart and vaso-motor centre, and that several published cases show that chloral has had a pernicious effect in alcoholism, it is necessary to be most careful in the administration of chloral in the cases just described. The author believes that cases of sudden death in delirium tremens, after the administration of chloral are to be explained by the combined cumulative action of alcohol upon the vital centre in the medulla. It may be urged against this theory that sudden death is by no means uncommon in this disease, even when no chloral has been given. Dr. Fürstner believes that in these cases, the alcohol has, of itself, been sufficient to stay the functional activity of the vital centres; it is, therefore, most important not to increase this danger when it threatens, by administering chloral. All patients who, though apparently robust, have the small, frequent and compressible pulse described above, without other complications, are treated by Fürstner without chloral; they are secluded if they cannot be kept in a general ward, and small doses of wine and spirits are given with good results—*Gin. Lancet and Clinic.*

## Notes on Current Medical Practice and Opinions.

### Treatment by the Gypsum Apparatus Sustained by Evidence of its Value.

After the reading of a paper on the above subject by Dr. St. John of New York City, before one of the Medical Societies recently, the author, in closing the discussion which followed the paper, said that Dr. Hamilton seemed to lose sight entirely of the object of the argument of the paper, which had been distinctly stated to be to claim a legitimate place for the treatment of fractures by the gypsum apparatus, and not to establish a comparison between this method and any other. He asked if Dr. Hamilton still adhered to his assertion "that with this apparatus the limb shortened as much as it was possible for it to shorten." (Dr. H. said that when he made that assertion he meant what he said, but he now desired to recall it.)

The cases adduced by Dr. H. treated by extension, showed remarkable results, but it was utterly unfair to ask that these cases treated under the personal supervision of Dr. H. should be compared with cases taken at random from general hospital statistics, for cases of extensor treatment taken in the latter way showed no such results as Dr. H. had brought forward. There was, fortunately, a set of cases in the statistics brought forward which were treated under the personal supervision of one man, Dr. W. T. Bull of Chambers Street Hospital, and these fifteen cases, which were all of the shaft of the femur, would bear comparison with the seventeen cases of fracture of the shaft adduced by Dr. H., the average shortening being the same, the maximum less, and there being no deformity. As for the extreme accuracy to measurements brought forward by Dr. H., as showing the perfection aimed at in treating such cases, it was self-evident that the facts recently brought to light by Dr. Wright of Brooklyn, and endorsed by Dr. H. as to a normal difference in the length of the two legs, rendered nugatory any such attempt at exactness, and overthrew all arguments for the superiority of any particular method which rested upon measurements to within the minute fraction of an inch.—Vide pg. 24th of *The Medical Record*, July 13th, 1878.

### SOURCES OF ERROR IN EXPERIMENTING UPON HUMAN BEINGS.

Dr. G. M. Beard, of New York, considers the following as the main and gravest sources of error in experimenting upon human beings.

They are six in number:

1. The phenomena of involuntary life in both experimenter and the subject experimented upon. Without a knowledge of that side of physiology, scientific experimenting upon human beings was impossible.

2. Unconscious deception upon the part of the subject experimented upon.

That was a source of error which must be carefully guarded against in all ordinary experiments with reference to new remedies. Miracles of healing came under that head.

3. Intentional deception upon the part of the subject.

General reputation for honesty must be ruled out as unscientific.

4. Unintentional collusion of third parties.

Third parties must remain absolutely silent and motionless during certain experiments—a thing impossible for some persons.

5. Intentional collusion of third parties.

6. That which came from chance and coincidence.

Dr. Beard, also considers that delusions almost always find their weapons in scientific Armories.

Experiments should be made only when inductive reasoning does not settle the question.

When experiments were made, sources of error should be carefully considered.

### INGENIOUS MEDICAL APPARATUS.

An apparatus of great delicacy has been devised by Dr. Mosso of Turin, for measuring the movements of the human blood vessels. The arrangement of this apparatus—called the "plethysmograph"—consists in inclosing a part of the body, *e. g.*, the forearm, in a glass cylinder with caoutchouc ring, filling the cylinder with tepid water, and measuring by a special device, the quantity of water which flows out or in through a tube connected with the cylinder as the arm expands or contracts. An opening in the cylinder was connected by a piece of caoutchouc tubing, with a glass tube opening downwards, into a test-tube suspended downwards from a double pulley with counter-poise, to which the recording lever is attached, in a vessel containing a mixture of alcohol and water. When the vessels of the arm dilate, water passes from the cylinder into the test-tube, which is thereby immersed further, so that the counterpoise rises; in the opposite case, water flows back from the test-tube into the cylinder, the test-tube rises, and the counterpoise descends. Among other applications of this apparatus, Dr. Mosso employs it in studying the physiology of thought and cerebral activity. It is stated that even the slightest emotions are revealed by this singular instrument, by a change in the condition of the blood-vessels.

## SLEEPLESSNESS.

The *Boston Journal of Chemistry* gives some hints to the many persons who now-a-days suffer from sleeplessness. One of the most efficient means of inducing natural sleep, it says, is the application of mustard plasters to the abdomen. Treyer, of Iowa, advocates the administration of a freshly made solution of lactate of soda, or of some milk or whey. Where the sleeplessness depends upon brain exhaustion, Dr. Hollis recommends the administration, just before bed-time, of a tumblerful of hot claret and water, with sugar and nutmeg. The alkalies and alkaline earths are useful when acid dyspepsia is present.

In hot weather, sprinkling the floor of the sleeping apartments with water lessens the irritant properties of the air, adding much to the comfort of the sleepers: possibly the quantity of ozone is at the same time increased. When sleep is broken by severe pain, opium or morphia is of value. In the wakefulness due to neuralgia, it is often better to inject a small dose of morphia hypodermically, near the branch of the affected nerve, than to administer it by the mouth.

## NOVEL USE OF THE TELEPHONE.

One of the most singular of the many novel uses of the telephone, is the application of the instrument as follows: Mr. Severn, of New South Wales, is an enthusiastic experimenter, and claims that he has made the deaf to hear with the instrument by his method of employing it. After describing a very simple telephone which he constructed out of a tin pot, the closed end of which he opened and tied over it a piece of parchment, passing a fine string through the centre and making a knot inside. Mr. Severn says: "Make a loop in the string some three feet long, put this loop over the forehead of the listener, (the deaf man), cause him to place the palms of his hands flat and hard against the ears, let the loop pass over the hands, and now this listener will hear the smallest whisper.

This fact may appear extraordinary; it is, nevertheless true, that a deaf man may thus be made to hear the voice, music, etc."

## THE MICROPHONE IN SURGERY.

The value of the microphone in operations for stone and other delicate surgical manipulations, has just been shown at the London University College. The apparatus consists of the usual feeble battery and of wires connected with two telephones running to different parts of the city. The ordinary sound used in operations for crushing the stone, was attached by a wire to the circuit of the battery. Near the handle a piece of carbon, such as is used by Prof. Hughes, was carefully balanced and

attached by a delicate spring to the battery circuit. When the end of the sound strikes against the smallest piece of calculus, the acoustic wave is transmitted along the steel of the instrument to the carbon, where it is transformed into electric vibrations, which are multiplied through the telephone, so that the noise becomes loud and unmistakable. The carbon arrangement on the sound must not be too delicate, nor the battery too strong, but with the microphone properly adjusted, it was easy by trial to detect the presence of even a minute fragment of unremoved calculus. The carbon needed only to be fitted to the probe, also, to detect bullets or fragments of bone. But while it is quite possible for a skillful surgeon to make himself absolutely certain, by means of the microphone, of what he was previously only morally convinced of, no very remarkable results, at least in ordinary practice are anticipated from the use of the instrument.

## CAUSE OF INFANT DEFORMITIES.

A Manchester (Eng.) physician, Dr. Crompton, who has made a study of the care of infants, gives some information of great importance to mothers, in regard to the cause of the common deformities known as bow-legs and knock-knees. He attributes the first mentioned distortion to a habit some youngsters delight in, of rubbing the sole of one foot against that of the other—some, as is well known, will go to sleep with the soles pressed together, they appear to enjoy the contact only when the feet are naked, not attempting to make it when they are socked or slippers.

The remedy, therefore, is simply to keep the child's soles covered. Knock-knees the doctor ascribes to a different childish habit, namely, that of sleeping on the side, with one knee tucked into the hollow behind the other—a custom familiar to the observation of most parents. Here the preventive prescribed is to pad the inside of the knees, so as to keep them apart, and let the limbs grow freely the normal way.

## MICROSCOPIC TESTS OF THE BLOOD.

It is announced that the numeration of blood corpuscles—a test of the richness or poverty of the blood—has been simplified by a microscopic apparatus constructed by Professor Gowers. In it, tenth of a millimeter squares are ruled on the glass slide at the bottom of the cell. When the corpuscles have subsided to the bottom, they are seen lying in the divisions, and the number in each can be counted, as in the method of Vierordt. But, in the French instrument, a little fluid had to be placed in the cell to secure the covering glass; to obviate this source of error in Prof. Gower's apparatus, the slide is placed on a metal slip

in which two strings are attached; these rest on the edges of the covering glass and keep it in position with a uniform pressure. The dilution employed is 1 in 200. Prof. Gower also adds the hint that it is not well to attempt to obscure the character of the corpuscles during the numeration, and that the processes should be kept distinct.

## MONTHLY SUMMARY.

### A Case of Morphia Poisoning Treated with Atropia Hypodermically.

BY N. N. SHIPMAN, M. D., SEYMOUR, IND.

A short time ago I was called to see a little girl aged six years. She had been subject to frequent attacks of chills and fever, and that morning her mother had administered what she had supposed to be a dose of quinine to prevent a return of the chill. Two hours after she had taken the dose I was called in and found the child in convulsions and unable to swallow; upon inquiry her mother told me that she had given a dose of quinine that morning. Supposing the spasms to be the result of febrile excitement, I prescribed sinapisms to wrist and ankles and left, stating that I would see the child again in one hour. Before the hour had elapsed, however, I was called again in great haste, when I was informed that morphia had been given instead of quinine. Complete narcotism had then taken place. I at once took in the situation and called to my assistance Dr. Galbraith, whose office was near by and we proceeded to administer atropia by hypodermic injection. In less than twenty minutes a marked effect was produced on the pupil. This with frequent injections of strong coffee per rectum constituted the treatment, and in twenty-four hours after the poisonous dose had been taken, we had the pleasure of seeing our little patient out of danger.—*Cincinnati Lan. & Clin.*

### A New Rhubarb.

M. Colin, of Verdun, has received a plant which M. Chauveau considers to be the source of Chinese rhubarb. The plant, having produced flowers, was submitted to Prof. Baillon for examination, who recognized it as a variety of *Rheum hybridum*, which he names *Colinianum*, and found a section of the root to have the characters of a pretty good rhubarb. This appears to sustain the opinion expressed by Baillon in 1876, that the Chinese rhubarb is probably obtained from several species.—*Am. Jour. of Phar.*

### Alterations in the Spinal Cord and Anterior Roots in Diphtheria.

In five post-mortems of patients dead from diphtheria, Dejerine (Compt. Rend. lxxxv., p. 1110), found invariably alterations of the cord and anterior roots. Examined with osmic acid, the anterior roots show distinct inflammatory alterations, leading finally to atrophy (destruction of the membrane, disappearance of the axis-cylinder, development of the nuclei of the sheath of Schwann, and here and there swelling of the axis-cylinder). These alterations are the more distinct in proportion to the chronicity of the paralysis and are found even in the intra-muscular branches.

The posterior roots were intact. In the cord the author found evidences of parenchymatous as well as interstitial inflammation of the gray substances, viz.: Increase of neuroglia cells, inflammation and rupture of the vessel-walls, and disappearance of a great number of the ganglion cells of the anterior horns. The white substance appeared uninjured. The atrophy of the anterior roots is, according to Dejerine, dependent upon myelitis of the anterior horns, and especially on the affection of the larger ganglion cells of the same.—*Cincin. Lancet and Clinic.*

### The Local Treatment of Puerperal Fever.

Dr. Fritsch, of Halle, considers the febrile diseases of lying-in-women are accidental traumatic diseases and owe their specific character to their origin and to the condition of the genital organs at the time of parturition. There is nothing in the nature of the disease that is peculiar to the puerperal state, but that the act of parturition provokes conditions that invite the inflammatory process in the pelvis, by the widening and lengthening of the capillary, increased blood supply, exudation, extravasation, etc.; in these local puerperal conditions are to be found the ground of the specific course and character of puerperal diseases.

The mode of injection:—Septic material is either borne directly to the parts by the fingers of the accoucheur, or by instrument, or through secretions already contained in the genitals, or through a retained sponge or compress, or foul wadding, or by the atmosphere that may find its way into the genitals. The injection may be primary or secondary. It may take its origin from the vagina, the vulva or the inner surface of the uterus. Every local disease of the puerperal state is closely related to the uterus, and all of the local forms, as well as general septicæmia, may be conveyed from person to person by injection. It becomes us, therefore, to carefully guard against this possibility.

This is effected by the means taken to cleanse the hands and the instruments at the time of birth. The hands and whatever instruments may be used are to be bathed in a solution of carbolic acid. The lying-in-woman must take a sitz-bath of soap and water, then the vagina should be irrigated with carbolic solution and the vulva washed with the same; when labor is protracted and operative measures are resorted to, it becomes necessary to repeat the vaginal irrigations.—*Cin. Lancet and Clinic.*

#### Osteo-Myelitis During Growth of Bone.

M. Launelong recently read a paper upon this subject before the French Academy, of which the following are the principal conclusions:

1. Affections described by authors as acute necrosis, acute periostitis, subperiosteal abscess, acute epiphyseal ostitis of adolescents, pseudo-rheumatismal inflammation of bones and joints in infants, are in reality only cases of acute osteo-myelitis.

2. Long bones are more subject to the disease, but the short bones of the foot and hand and vertebral column, and the flat bones of the head and trunk are also prone to the affection—the gravity of the latter is even enhanced in the last named instances.

3. In the long bones, the primitive seat of the disease is in the layers which unites the epiphysis with the diaphysis, and is more or less removed from the epiphyseal cartilage; in from 15–20 per cent. of cases this cartilage remains intact. The disease does not always pursue the ascending course which was originally ascribed to it.

4. One of the speediest consequences of an osteo-myelitis is an elevation of the periosteum, with the formation of a sub-periosteal abscess, although such an abscess does not necessarily present in every instance. The immediate effect of the abscess is a necrosis, or a weakening of the bone by destruction of its epiphyseal cartilage or by the rarification of the bone structure itself.

5. Synchronous with the necrosis, or the bone rarification, the work of repair is in progress, the aim of which is the formation of a new bone.

6. Complications on the part of joints do not always exist, although their appearance singularly enhances the gravity of the prognosis. The same must be observed of the secondary myelitisides to which the subjects of the diseases are liable.

7. As soon as the diagnosis of the disease is made the trephining of the bone is the only procedure which should be adopted. The disease having a constant origin at one of the extremities of the diaphysis, it is here that the symptoms and signs will be most pronounced, in its early, as well as in its later stages; this, therefore, ought to be the point of relation for the trepanation.—*Cin. Lancet and Clinic.*

#### Gonorrhœal Endocarditis.

Dr. J. Marty (*Arch. Gen. and Schmidt's Jahrb.*) has encountered a number of cases of endocarditis existing simultaneously with so-called gonorrhœal rheumatism. In his original report, the clinical histories are given at length, together with sphygmographic tracing of the pulse wave. These, however, are of so little interest that we give simply the most important of the author's conclusions:

1. Gonorrhœa may be, and often is, complicated with inflammatory affections of the serous membrane.

2. Rheumatism is not always the connecting link between the specific affection and the disease of the serous membrane, although these complications are quite frequently found to be simultaneous.

3. True primary heart complications are rather rare. The point of origin is usually the orifice of the aorta.

4. This specific endocarditis appears to present the same symptoms and danger as does the simple variety.

5. The endocardium appears to be involved as often, if not oftener, than the pericardium.

#### Hydrophobia in a Woman Bitten During Pregnancy.

Dr. Crozier (*Annal. de Gynéc. and Rundschau*) reports the case of a woman forty-two years of age, and in the seventh month of pregnancy, whose hand was bitten by a cat which for twenty-four hours had refused food and water. The wound healed readily, and the woman was confined at the proper time. Her labor and recovery were normal in every respect, and everything progressed favorably until between eighty and ninety days after the receipt of the injury, when pain in the muscles and twitching of the tendons were experienced. The lochial discharge, which was still tinged with blood, ceased. The child which had been nursed from its birth, was taken with slight diarrhœa. Three days later the mother showed in great severity the well-known symptoms of hydrophobia, which rapidly (in two days) proved fatal. The autopsy revealed nothing. After recovering from its slight diarrhœa, the child remained in good health.

### New adulteration of the Sulphate of Quinine.

Dr. Jailard reports (*Arch. Med., Belg., Jour. de Med. de Bruxelles*) a new method of adulterating the sulphate of quinine, which consists in the addition of sixty per cent. of nitrate of potassa. The mixture prepared with great skill, gives a saline material formed of needle and mixed crystals, silky-looking, and greatly resembling those of sulphate of quinine. Nevertheless it is easy to distinguish them from the pure substance; they have indeed a bitter taste, but they are also a little salty; they dissolve almost entirely in cold water, and more feebly in alcohol at 90° of purity, even when boiling. Besides these, there are several other methods of discovering the fraud mentioned by this author. We cite only the employment of the microscope, which shows in the mixture the great prisms of saltpetre by the side of the fine needles of sulphate of quinine, and one other process of great simplicity. This consists in placing on the point of a knife a small quantity of the salt to be examined, and submitting it to the action of a flame. If the article is adulterated with nitre; it burns with a flume and leaves a white residue composed of potassa. If on the contrary, it is pure, it burns with a fuliginous flame and leaves a puffed-up pellicle of carbon.—*The Medical Record*.

### Phosphide of Ammonium for Diabetes Mellitus.

A policeman 39 years of age suffered from bronchial catarrh, loss of appetite, indigestion, general feebleness and copious perspiration. 10 per cent. of sugar was found in the urine. Under a strict meat diet the sugar decreased to 7 per cent. but when the patient could no longer endure the meat, bread and fruit were allowed, the sugar declining to 5 per cent. in five weeks. Carlsbad and Vichy caused only little abatement of the disease, the bronchitis was more severe, and jaundice occurred. He again employed meat diet with gymnastics and faradisation. Failing to restore the waning strength, about 1 drachm of phosphide of ammonium was given daily. The result was unexpectedly favorable; the appetite and strength increased, the anæmia disappeared from day to day, and the patient soon returned to duty.

Although the sugar did not completely disappear from the urine, a very considerable improvement followed the use of the medicine, and it is recommended for further investigation.—*Cin. Lancet and Clinic*.

### Drosera Rotundifolia.

*Drosera rotundifolia*, Lin., has been analyzed by G. Lugean. The fresh plant was treated by dietheralysis, the process recommended by Legrip ("Am. Jour. Phar.," 1876, p. 235). The aqueous liquid obtained thereby contained glucose, various salts and a crystallizable organic acid, which appears to be peculiar to this plant, and was also obtained from the ethereal liquid by evaporating it and treating the residue with chloroform, which leaves it undissolved, together with wax and yellow coloring matter. On evaporating the chloroform, a greenish-brown resin was left, which had a strong and characteristic odor, was exceedingly acrid and produced a burning sensation when applied to the skin.

Contrary to the observation of Reiss and Will, the author found the viscous exudation of the glandular hairs to be destitute of acid reaction, and was unable to obtain formic acid, which was stated to be the principle by which the leaves convert albuminoid matter into peptones.—*Am. Jour. of Pharm.*

### Lead Poisoning.

An interesting case of lead poisoning through criminal negligence is reported from Mosbach. The patient began to suffer some years before 1876, and consulted several physicians in vain until Dr. Wittmer made a correct diagnosis, and after a treatment of over three quarters of a year entirely cured him. The poisoning was caused by imperfectly-tinned lead snuff boxes, in which a particular brand of snuff was packed, which the patient was in the habit of buying from one and the same manufacturer, and which became contaminated with lead. A suit against the tobacco dealer was filed, who was convicted and sentenced to incarceration for eight days and payment of costs.—*Apoth. Ztg.*

### Thapsia Garganica.

*Thapsia garganica*, Lin.—The root of this plant, which grows in Northern Africa and Southern Europe, is frequently employed in France. Perron states that there are two similar plants in Africa, called by the Arabs *bou-nefa zkar*, or male thapsia, and *bou-nefa nza*, or female thapsia, the former being the officinal and stronger one. The latter is far less acrid, has longer, broader, thicker and less divided leaves than the former, and the leaflets are frequently digitately three-lobed.—*Am. Jour. of Pharm.*

## EDITORIAL.

*For Journal Materia Medica.*

### Belladonna.

BY SILAS C. TURNBO, M. D., LEAD HILL, BOONE CO.,  
ARKANSAS, AUGUST 13, 1878.

This is a remedy that is extensively employed, and when the tincture or fluid extract is perfectly reliable and when there is a special indication for it, there is no better remedy belonging to the materia medica and when judiciously used, the practitioner may expect satisfactory results. Belladonna is a stimulant to the capillary circulation giving strength and regularity to the pulse when below the normal standard. Many medical men combine the tinct. of aconite with it, and it is an excellent combination when there is a tendency to congestion of the nerve centres, when the patient is dull, sleepy, comatose—and often in the complaints of children when suppressed hives is the main source of trouble, Belladonna and Sulph. of Quinine will work like a charm in “bringing them out.” This remedy is also very applicable to patients when they are annoyed with dull or congestive headaches, though we get temporary relief from stimulant local application; but yet the effect is not lasting and the pain will soon return, or strong stimulant remedies may be given, and some relief obtained for awhile, but the pain is almost sure to return after the stimulant effect of the medicine passes away.

Belladonna in these cases, or when properly used or combined with other medicine as indicated, will give splendid results and also in some chronic chills, where the patient has dull headache, back-ache, impairment of the capillary circulation, skin cool and somewhat relaxed, pulse small, quick and easily compressed, patient stupid and careless, with feet inclining to remain cool during the chill and exacerbation—in these cases, we will find that belladonna is one of the most prominent remedies, given alone or in conjunction with other medicine.

Often in the delirium of patients caused by some persistent fevers, more especially of the remittent type, belladonna gives stimulation and rest to the brain and to the nervous system generally, by removing capillary obstructions; for if we examine our patients closely, we will often find that the delirium is dependent upon an enfeebled condition of the nerve centres instead of an excited one; “passive delirium” the most of our medical writers term it, and in some hysteri-

cal complaints of women, where the disease is functional, a combination of belladonna, macrotys rac. and pulsatilla will frequently afford relief by removing the cause, if the use of the medicine is continued long enough, and other matters are attended to rightly: and lastly, we will say before closing this short communication, that many of the so called tinctures and fluid extracts of belladonna now in the market are almost devoid of any medical properties and are entirely worthless; and if the practitioner expects any beneficial results from it, it must be a reliable article: either use Tilden's or some other manufacturers that you know will do to depend upon. How can any dispensers of medicine expect any sedative effects from a preparation that is almost totally inert? I think it is beyond any reasonable man's conception to think of such a thing, and why not use good remedies or none at all. Get your medicine direct from the manufacturer and then there will be no danger of substitutes, and the doctor will readily observe the difference.

### Our Paris Letter.

[From the *Milwaukee News*.]

PARIS, July 16, 1878.

Many improvements have been made in the United States section of the Exhibition, since I last wrote describing the main features of different displays, and there are many new points that deserve to be noticed now. At present, every exhibit throughout the section is complete, and, taken as a whole, no American need blush for the show his country makes in the somewhat limited space allowed her, between the immense and varied display of Great Britain on the right, and the rich and artistic displays of other countries on the left. Within the last five weeks, various decorations have been placed at different points, greatly improving the general aspect of the section. The light and graceful roof screens with which the different exhibits have been covered are attractive to the eye, as are also the gay colors of the “star spangled banner” displayed conspicuously at advantageous points throughout the United States section. The limits of this section are now marked by festoons of blue muslin with stars clustered around the words “*Etats-Unis*.”

The American exhibit that attracts and perhaps deserves most attention, both on account of its extent, expensiveness, and the taste shown in its decoration is the magnificent pavilion of Messrs Tilden & Co., pharmacutists of New York. Standing in the centre of the American



section, covering a space of 500 square feet, (a larger space than is occupied by any other American exhibit) the pavilion with its walnut pillars hung with handsome blue curtains, and its pyramids of tastefully arranged gold-labeled bottles, on crimson velvet, presents an *ensemble* of good taste, which reflects credit on their representative. Messrs. Tilden & Co.'s business is the manufacture of preparations required by chemists, and the medical profession, and more particularly, the making of fluid and solid extracts, elixirs, and sugar-coated pills. These compounds or preparations have attained a high reputation in all markets, and the firm has reached a position which enables it to monopolize the trade and to produce articles of a standard, that is without competition. There are other attractive features of the U. S. Department, such as the very fine exhibits of Messrs. Tiffany, the Waltham Co., and the Yale Lock Co.; but certainly we have sacrificed the beautiful to the useful to a certain extent and in this respect the character of our Department is different from that of other nations whose strong point is art rather than science or industry. But our show is a creditable one, all things considered, and it makes a far better appearance now than it did a month ago. Taste has been displayed, too, in the decoration of the galleries, and altogether it may be said that the United States were never before so well represented at any foreign exhibition.

#### Successful Treatment of a Severe Case of Erysipelas, by Elixir and Solution of Iodo Bromide of Calcium Compound.

BY E. G. WHEELER, M. D., MIDDLEFIELD, MASS.

Mr. E. G., aged 70, had malignant or gangrenous erysipelas; or, as some writers have called it, diffuse inflammation of the cellular membrane. The seat of the local disease was in the right leg. The limb from the knee to the ends of the toes was enormously swollen, the skin of dark red or bluish color, fever plainly typhoid: pain and especially soreness very severe: three or four points on the calf of the leg ulcerated. There was great debility and sometimes wandering of the mind. Such being the condition of my patient, and taking his age into consideration, the case appeared to me a very grave one.

I put him at once upon the use of Elixir Iodo Bromide internally, in one or two teaspoonful doses three or four times a day, and kept the limb wet with the Solution. An intelligent physician was called in consultation, who wondered greatly at my obstinacy, as he saw fit to express it, in persisting in that treatment

alone, and recommended iron and other remedies as being more sure of giving relief. But I had the confidence of my patient and his friends and I *did persist* in my own choice of treatment, and had the satisfaction in a short time, of seeing a decided improvement. The change for the better became more and more apparent every day. The swelling and soreness diminished, the fever yielded, and in about four weeks from first attack, he was able to ride out.

The above named preparations of the Iodo Bromide were all the remedies I employed during the whole term of his sickness, except a little brandy after the fever had abated, in order to support his strength.

#### A Case of Abscess in the Cerebellum, Treated with Elixir Iodo Bromide of Calcium Compound.

BY C. W. HODGE M. D., PEACE, RICE CO., KANSAS.

A young lady aged 28, was seized 4th Sept., 1874, with inflammation of the bowels, the inflammatory symptoms were subdued by the usual treatment, but the bowels continued very obstinate, and were not moved in a satisfactory manner until the 12th, during this time a variety of purgatives had been given, with repeated injections, and by calomel given as a purgative; her mouth had been affected as early as the 7th.

From the beginning of the attack she had been affected with pain in the left ear, and about the 7th began to complain of headache; this was at first slight, and amid the urgency of other symptoms excited little attention; it increased, however, and on the 11th had become violent, so that she lay pressing her temples with her hands and screaming with pain; the pulse was at this time natural and she was free from vomiting and uneasiness in the bowels. On the 4th there was considerable discharge of matter from the left ear. On the 13th the pulse rose suddenly to 160, and there was such a degree of sinking as required the use of wine, the pulse soon subsided, so that on the evening of the 14th it was at 80, and on the evening of the 15th it was at 60; the headache continued unabated; on the 16th there was a tendency to coma, it was increased on the 17th, with dilatation of the pupil, there was now little room for active treatment. I now commenced treatment with Tilden's Elixir Iodo Bromide Calcium Comp., twenty drop doses *every two hours* combined with wine, on the 18th the pulse began to rise again, but was very variable, in the course of a few minutes varying from 80 to 120. She lay in a state of great oppression, but when aroused she talked sensibly.

She now began to rapidly improve, in ten days was able to be up about the house. I want it understood that this case of abscess was of twelve years standing. Three months from the day of her convalescence, by

the use of Tilden's Elixir Iodo Bromide of Calc. Compound in teaspoonful doses three times a day, she was entirely cured of the abscess. I consider this one of the best remedies for chronic diseases that has ever yet been discovered.

#### Iodo with Hydrargyri in Syphilis.

Letter from Dr. WHITNEY, New York.

I was recently called to treat a case of complicated Scrofulo Syphilis, the case presented, involving deep ulcerations of the leg, with caries. I put the patient on large doses of the Elixir Iodo Bromide of Calcium Compound, and syringed the ulcers with diluted Bromo-Chloralum to remove the odor, and alternated this with Solution Iodo. The case made good progress under the treatment, and the patient recovered so as to attend to business, but one ulcer resisted, which presented all the characteristics of a syphitic sore. He had previously been treated with mercury in various forms, and I hesitated to give it to him, but, when I read in your Journal of the combination of Elixir Iodo in small quantities with Hydrargyri Bi-Chloridum, I procured at your place a bottle and gave it to him. In a short time the secretions changed, and made rapid improvement, and at this time it is completely healed. I believe it to be an admirable combination, and one which we shall often require to use in such cases.

Letter from J. W. FIRARTZ, M. D., Dallas, Iowa, Aug. 17, 1878.

"Having contracted chronic bronchitis, and having had experience with your Elixir Iodo Bromide of Calcium Comp. for the last four years, I concluded to try it myself: I did so, and now find myself entirely relieved.

I have used your Elixir Iodo and Firwein in my practice with satisfactory results."

Dr. PEYTON JORDAN says:—"The Elixir Iodo Bromide of Calcium Comp. for treatment of all constitutional affections, and particularly those of a Scrofulous diathesis, cannot be equaled."

#### Bromo-Chloralum After Death.

Dr. AYER writes —I have had occasion to test your Bromo in two cases of death—one in July, which was carried in a wagon over thirty miles: at the end of the journey it was in a perfect condition. The other was not attended to for twenty-four hours, but by its use was perfectly kept for three days, so as to exposed to view without any odor.

We call attention to a complete method of preserving the body after death:

1st. Take cotton batting, open it to a thin sheet, moisten thoroughly with Bromo-Chloralum diluted one part and two of water. Cover the entire body ex-

cept the head and face with this, and then envelope and sew up tight in a cotton sheet. Air is excluded, and the cotton batting receives the subsequent wettings of diluted Bromo.

A body thus preserved will keep in a cool room many days, keeping the face and head covered with cloths wet with same.

#### Bromo-Chloralum.

Extract from letter of PEYTON JORDAN, M. D., Nashville, Tenn., Sept. 7, 1878.

"I have used your preparations very often, and particularly the BROMO CHLORALUM as a disinfectant and deodorizer, in which capacity it surpasses every preparation of the character ever introduced to the medical profession.

#### Fluid Extract of Ergot, "Formula, 1874."

MESSRS. TILDEN & CO. have furnished us with specimens of their Fluid Extract of Ergot, "Formula of 1874," which we have found to be very effective. It is fully equal to that prepared by Dr. Squibb, in fact, many practitioners prefer it.

A therapeutic novelty, in the shape of a dried extract of malt, is also now placed upon the market by the same enterprising firm. This is a very elegant preparation, one certain to meet with high favor.—*St. Louis Clinical Record.*

For Journal Materia Medica.

#### Pure Extract of Malt.

Letter from WM. EDGAR CUMMINGS, M. D., Rockland, Me., Sept. 3rd, '78.

Dear Sir:—Agreeable to a promise made you some two weeks since, I write to inform you concerning the use of your medicines in the case of the lady referred to.

Your elegant preparation of Malt, (the best I have ever used), has already almost cured her of the chronic dyspepsia, from which complaint alone she has suffered for many years. Pain and distress after eating is nearly all gone, and the nervous prostration very much improved.

It has also given her a good appetite and some strength: it seems to promote the digestion of whatever food that may be properly taken, and being of itself so very nutritious, it greatly aids in nourishing and sustaining her. She has been in an extreme state of debility and emaciation, and the stomach has been so irritable at times that it has rejected most kinds of nourishment.

But the Extract of Malt is overcoming these difficulties, the tone of the stomach has been very much improved, and I am in hopes a rapid recovery from this bad and prevalent complaint will follow.

### Tildens' Extract of Malt.

Letter from A. D. AYER, M. D., Bondville, Vt.  
Messrs. TILDEN & Co:

I desire to say that your Extract of Malt *plain*, and with Pepsine, is the only kind that my patients can take. I have tried other manufacturers' but they do not agree with the stomach, which is quite conclusive as to the superiority of yours.

WILLIAM LOVING, Druggist, St. Joseph, Mo., Aug. 19, 1878, says:—"One of our best physicians is prescribing regularly, your 'Extract of Malt with Beef, Iron and Wine,' thereby much increasing its sale. Please send me, (in addition to the dozen ordered 13th inst), three dozen of the same".

### CONVEXULES.

#### Something New for the Profession.

After months of experiment we present the profession with a new form of pill which we call *Convexules*, from their form, being double convex. The advantages are:

1st. They are easily swallowed by those who are unable to take a round pill, and are often obliged to crush it before taking.

2nd. They are more soluble in the stomach, the effect is more immediate, they present a larger surface to the action of the fluids of the stomach.

3rd. The repeated experiments made by those who have used them for months, as well as by ourselves, prove their superiority in all respects.

At a trial of several kinds of Sugar Coated and Gelatine Coated Pills, it was found that the coating of the round pill usually dissolved evenly around it, and the substance was not reached or softened until this case or coating was removed, while with the convexules the coating on the edge disappears at once, and the fluids soften and act upon the material of the pill, causing it to throw off or break up the main shell or coating immediately.

The coating of the Convexules is pure sugar, at temperature of 60° dissolves in *three and a half minutes*; at 100° in *two and a half minutes*, as against the round pill, which requires four and a half to five minutes, and with some, depending upon the method of coating, eight to fifteen minutes. Gelatine coated require from forty to sixty minutes before the coating is removed.

We believe that a trial of the form we have introduced will fully meet and overcome the difficulties, which physician and patients have heretofore experienced, that of ready solubility and difficulty of administration.

### Obituary.

WILLIAM A. P. NILES, M. D., died at his residence in Pownal, Vt., on the 8d inst. Dr. Niles was the son of Paris Niles of Pownal. He was born July 28, 1851, and was therefore 27 years of age at the time of his death. He early manifested a desire to enter the medical profession, and with that end in view, he began the study of medicine at the age of sixteen with Dr. Duncan of Williamstown, Mass. He devoted his entire attention assiduously to his studies. He attended his first course of lectures at Cleveland, Ohio, and graduated at Dartmouth, November 9, 1871, and immediately began the practice of his profession in Pownal, before he had attained his majority. Although against the rules of the college to grant diplomas to minors, yet the faculty decided that he had attained a degree of proficiency which would warrant them in making an exception in his case. As a practitioner he was very successful and he soon gained the confidence of the entire community. Socially he was courteous and gentlemanly to all. He inherited a firmness and decision of character coupled with a gentleness of manner which endeared him to all. He had been a constant and uncomplaining sufferer for four years from consumption, but the immediate cause of his death was Bright's disease of the kidneys. Although well aware that his end was near, he bore with Christian fortitude his suffering, and died as only one can die whose hope is in Jesus Christ. He was conscious to the last moment, bidding his weeping friends good bye as composedly as if starting on an earthly journey. He leaves a widow and a large circle of friends and relatives to mourn his loss. His funeral was largely attended at the M. E. church in Pownal, on Monday, the 5th inst., the Rev. Mr. Douglass delivering the sermon, during which he paid an eloquent and touching tribute to the memory of the deceased.

Extract from letter of G. H. WATKINS, M. D., Mansfield, Tenn., Sept. 6, 1878.

"I have been using your preparations in my practice and am better pleased with them, than any other I have ever used, and I have used nearly all, but prefer yours to any."

### A Good Chance.

We would call attention to the advertisement of "Medicus" in first page of this number of the Journal, as a rare opportunity for any young physician desiring to purchase an established practice in a pleasant neighborhood and with exceptional advantages.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

THE  
JOURNAL OF MATERIA MEDICA,  
A Monthly Journal Devoted to  
MATERIA MEDICA, PHARMACY, CHEMISTRY,  
AND NEW REMEDIES.

New Series.]

October 15, 1878.

[Vol. XVII.—No. 10.]

Diseases of the Alimentary Canal.

LECTURE DELIVERED BY AUSTIN FLINT, M. D.,  
PROFESSOR OF THE PRINCIPLES AND PRACTICE OF  
MEDICINE AND OF CLINICAL MEDICINE IN THE  
BELLEVUE HOSPITAL MEDICAL COLLEGE.

SPORADIC DYSENTERY—INDICATIONS IN TREATMENT—TREATMENT WITH IPECAC—IMPORTANT PRINCIPLES AFFECTING THE DIET OF THE PATIENT AND THE USE OF OPIUM—EPIDEMIC DYSENTERY—VALUE OF OPIUM AND ALCOHOL IN ITS TREATMENT, AND THE DEGREE OF TOLERANCE SOMETIMES SEEN IN THEIR USE—CHRONIC DYSENTERY—SUBACUTE ENTERITIS—CHRONIC ENTERITIS—SUBACUTE GASTRITIS.

Gentlemen:—The first question we shall consider to-day is the treatment of acute dysentery. It is very desirable, in making observations with reference to the effect of remedies in the treatment of any disease, to determine if there be any intrinsic tendency in that disease towards recovery. This knowledge can never be obtained by observing cases which are under potential medicinal treatment. Some years ago it occurred to me that, to my knowledge at least, this observation had not been made with reference to acute dysentery. I therefore resolved to collect, as far as possible, cases in which no treatment of any activity had been resorted to, and to study them analytically. I found this to be a somewhat difficult task, for many patients had acute dysentery associated with other diseases, and many cases had received treatment before entering the hospital. I succeeded, however, in collecting *ten* cases in which the disease was allowed to pursue its course without interference. A report upon these observations was published in the *Am. Journ. of Med. Sciences* for July, 2875, and the result of the analysis of those cases was as follows:

In no case did the disease prove fatal. The duration of the disease, from the time the diarrhœa began up to the date of convales-

ence, varied from 6 to 21 days—the shortest 6, the longest 21. In one case diarrhœa existed 14 days before the dysentery occurred.

If we exclude the last case, it is found that the average duration of the disease was 10 1-9 days, or, with the last case, 11 1-5 days. It has seemed to me that these cases, although the number is not large, establish the fact that acute dysentery is a self-limited disease. I do not think that very much would be gained by repeating these observations and collecting a larger number of cases. Here, then, we have a disease which has a natural tendency to self-limitation, and, in that respect, it corresponds with the essential fevers. But it does not follow, because we have a disease which, if left to itself, will either prove fatal or cease at a certain time, that we are not to employ treatment, for by treatment we may abridge the duration of the disease, mitigate the suffering of the patient, and conduct the case more happily and more pleasantly to a favorable termination.

In the first place, then, we will consider the indications in the treatment of a case of sporadic dysentery. What are the the objects to be kept in view? The first indication is to effect a complete evacuation of the alimentary canal, provided that has not already been accomplished by a spontaneous prodromic diarrhœa. You can ascertain whether or not the intestinal canal has been completely evacuated by inquiry concerning the quantity and character of the dejections, and by manual exploration of the abdomen. We can explore the colon externally very satisfactorily, throughout the greater part of its extent, and in that manner ascertain whether it is full or empty. You are to be guided, then, with reference to the first indication, by the character and the number of evacuations and the quantity of matter evacuated, and by the results of manual examination of the colon.

If we have reason to conclude that fœces are retained in the large intestine, it is a rational procedure to first take steps to secure a complete evacuation of such an accumulation. This may be done by the use of the various

remedies. Castor oil is a remedy which has long been employed, and is one well suited to meet the indication in these cases. Salines have been used for the same purpose, and perhaps are to be preferred, because they are far more easily taken, and afford more relief. Having fulfilled the first indication, what is the next? Upon the general principle that an inflamed organ should be kept at rest, the next indication is to keep the inflamed intestines perfectly quiet. How is this to be done? It is best accomplished by the use of opium. These are the two objects to be attained in the treatment of sporadic dysentery.

There is another principle of treatment applicable to certain cases of sporadic dysentery, but still more so to those cases embraced under the epidemic form of the disease; and that is, to render the system tolerant of the local affection. In all diseases which involve more or less constitutional disturbance and tend towards a fatal result by exhaustion, if we place the patient under the influence of an anodyne, assuming that the effect of the anodyne is good, that it does not produce nausea or disturbance of the digestive system by idiosyncrasy, we render the patient better able to support the affection; there is less constitutional disturbance than would be the case if the drug were not employed. By rendering the patient free from uneasiness and promoting sleep, we diminish the tendency to fatal results if there be any such tendency by way of exhaustion. Opium, in the treatment of dysentery, may be administered by the mouth, by the rectum, or hypodermically. Perhaps we succeed better in securing quietude of the large intestine by the use of anodyne enemata than by the use of opium, either by the mouth or hypodermically—the effect upon the large intestine seems to be more direct. After a day or two it may be found that the alimentary canal is again more or less loaded, and, if deemed necessary, the salines or the oil can be repeated. From time to time various methods have been recommended as extremely efficacious in the treatment of this disease. Accordingly, large and small doses of calomel have been used; salines, various kinds of injections, applications of cold and heat, etc., etc., have been suggested; but the more recent plan of treatment is that recommended by Dr. McLean, and consists in the use of *ipecac*.

I have been led to employ this plan of treatment in a certain number of cases. It is recommended by Dr. McLean to administer twenty-five or thirty grains of powdered *ipecac*—preceding it for a little time by a full dose of laudanum. If the *ipecac* be retained, it is to be repeated in diminished doses every eight or ten hours.

I have seen this plan of treatment employed in quite a number of cases, and I must say, that it sometimes has a very marked effect upon the disease. At the same time, I would say that, according to my experience, without giving accurate data, in the larger proportion of cases, the *ipecac* treatment fails. There is no objection, however, to making a trial of the remedy, because it will do no harm if it do not succeed.

The *diet* for this class of patients should be restricted, theoretically at least, to those articles of food which are as completely digested as possible. This is done upon the principle of keeping an inflamed part at rest. Our object is to prevent, as far as possible, the exercise of any function by the large intestine; that is, we administer nourishment which leaves but little residuum to pass into this portion of the alimentary canal. Cold water and ice applied to the rectum sometimes relieve the tenesmus. Warm, soothing applications over the abdomen usually afford a certain measure of relief.

In 1874 I received a letter in which is given an account of the personal experience of a gentleman with reference to a rather novel way of treating dysentery. He was encamped in the army four miles from Washington. He had suffered severely from pain and tenesmus, as well as frequent mucous and bloody discharges from the bowels, for forty-eight hours, and was greatly exhausted. He was unable to retain much food upon his stomach, and because of his irritable stomach had abstained from food for nearly eighteen hours. About that time an old negro came into camp, peddling oysters, and they were prepared and eaten with vinegar and salt. He says he felt a craving for this article of diet with its accompaniments, and that he ate freely of the oysters, and having heard an old physician say that vinegar and salt was an excellent remedy for dysentery, he gave them plenty of that kind of dressing. He writes that he was almost at once perfectly relieved, and that was the last of his dysentery for that year. He also writes that he had frequent opportunities to recommend the same plan of treatment in his own and other regiments, and that it had uniformly been attended with the same success.

There is no reason for discrediting the story which the gentleman relates, and certainly, from the writer's standpoint, the plan of treatment is somewhat novel. It is not probable, however, that the oysters produced any special benefit; nor is it any more probable that the vinegar and the salt taken with the oysters produced any special remedial effect. But there is involved in the case a principle,

which is perhaps worth mentioning. If we can find an article of diet which the patient desires and craves, and it can be taken and digested and assimilated, we benefit the patient by allowing him to have it, and also exert a controlling influence over the disease. This is the point which I wish to impress upon you. We are to be guided, to a certain extent, by the instincts and desires of the patient, and I am willing to say that, in almost every disease, if the patient has a well-defined desire for any article of food, it is wise to allow it to be taken. We are much safer in following the instincts of the patient, in this respect, than in following out any set of dietetic rules with theoretical form. I cannot but think, that adopting the same general dietetic rules and endeavoring to apply them to every case, is harmful.

#### TREATMENT OF EPIDEMIC DYSENTERY.

Next, with regard to treatment of the severer cases of dysentery which are usually epidemic, especially that form in which we have a history of early and abundant sanguinolent transudation, accompanied by marked prostration. In severe cases of epidemic dysentery, we have to deal with a very formidable disease. What are the indications in its treatment? In general, purgatives are to be avoided. Salines, which operate by producing a more or less abundant watery transudation, are contraindicated.

So far as medical treatment is concerned, our chief reliance must be placed upon opium. Administer opium early and persistently, and to the extent of absolutely quieting the intestines, but at the same time avoiding the risk of narcotism. It is a noteworthy fact that the quantity of opium which can be administered in these cases, without exposing the patient to danger from overuse of the drug, is sometimes very large.

We are to take into account the fact that, in certain cases at least, there is a wonderfully increased tolerance of opium. For example, I have given a patient, suffering from epidemic dysentery, a grain of the sulphate of morphia every hour—24 grs. per diem—and continued such doses for several days without producing the least manifestation of narcotism; and the patient was a person not accustomed to taking opium. That was an extraordinary case, it is true, but I have been repeatedly led to observe a greater increased tolerance of opium in this class of cases.

Astringents may be administered, provided they are well tolerated by the stomach, with a certain amount of benefit—not marked, however—but they should never displace the use of opium.

Supporting measures must also be employed, and with regard to alcoholics, the same is true as with reference to opium—there is an increased tolerance. We cannot go too far, in severe cases of epidemic dysentery, in the use of alcohol, if we do not carry it beyond its supporting effect, and the life of the patient may depend upon its use. The persistent use of opium and alcoholics is the most essential feature of the treatment of epidemic dysentery. If the disease be associated with other affections, additional indications may be derived from the latter. For example, if the disease be associated with malaria, the use of quinine is indicated, and other indications may be developed by complications with other diseases.

#### CHRONIC DYSENTERY.

Our next subject is chronic dysentery. In our climate we rarely see a case of this disease. It is essentially a disease of the tropical climates. With regard to sporadic and epidemic dysentery, as it occurs in this climate, there is scarcely any tendency to the supervention of the chronic form of the disease, whereas in tropical climates there is considerable tendency to this result.

The distinguishing feature of the dejections in chronic dysentery is the presence of inflammatory products, and our differential diagnosis is based upon that fact. If the dejections are liquid and contain more or less inflammatory products, we can infer that the affection is extensive; that it affects a greater part or the entire large intestine. If the patient has regular fæcal evacuations, and between them discharges of inflammatory products, it may be inferred that the disease is located in the lower part of the bowel. With the characteristic dejections there is generally more or less of progressive emaciation. If the disease is extensive, extreme emaciation is commonly developed.

It is important to make a correct diagnosis in these cases, but in hospitals it is not always made with accuracy, nor is it always easy to make a discrimination between chronic dysentery and chronic diarrhœa, the disease with which chronic dysentery is most frequently confounded. Chronic diarrhœa is a much less grave affection than chronic dysentery.

What are the indications for *treatment in chronic dysentery*? There are several remedies which have been supposed to produce a beneficial effect through their local influence upon the inflamed part. We have the nitrate of silver, sulphate of copper, and bismuth in large doses, which are supposed to exert a favorable influence by coming in direct contact with the inflamed mucous membrane. With regard to nitrate of silver and sulphate of cop-

per it seems to me that it is simply an error to suppose that any doses of these remedies which the stomach will tolerate can be taken and pass through the stomach and small intestine and then act as local remedies upon an ulcerated surface in the large intestine. Whatever effect these remedies produce must be explained in some other way. It is easier to understand that bismuth, given in large doses, and continued regularly, may reach the large intestine and produce some local effect.

Bismuth is a palliative remedy and one of considerable value in the treatment of chronic dysentery. Not infrequently it diminishes the frequency of the dejections and the abundance of the inflammatory products which they contain. It is a remedy which can be given almost *ad libitum*. It is a remedy which frequently is given in too small doses to produce any curative effect. We should rarely give less than  $\mathfrak{D}\text{i}$ ., and from 3ss. to 3ij. may be given without producing other disagreeable effects than the inconvenience which may arise from its bulk in the stomach. The various ferruginous and vegetable astringents may be given. They have been regarded by different observers as valuable in the treatment of this affection and it is our duty to try them in succession.

These patients are to be sustained by tonic remedies and a nutritious diet. The diet should consist of articles which are as completely as possible digested in the stomach and small intestine, thus leaving the least possible residuum to enter the colon. You will be guided largely by the instincts and experience of the patient with regard to selecting articles of diet. More advantage may, perhaps, be derived from hygienic treatment than from any other. A change of climate is a most important element in the treatment of chronic dysentery. I am speaking particularly of cases occurring in a tropical climate. A change from a warm to a temperate or cold climate is beneficial. A uniformly cold and dry atmosphere is best suited to these cases. During the late civil war, and also during the Mexican war, we had occasion in New York to treat numerous cases of chronic dysentery contracted in the Southern States and in Mexico, and the most effectual measure for their relief was a change of climate; a change to even farther North than this city.

#### SUBACUTE ENTERITIS.

We meet with cases of enteritis which are neither acute nor chronic, but are subacute. Subacute enteritis is not uncommon. It is frequently connected with excessive eating, or with the action of an agent which interrupts the digestive process. Here we have to make a differential diagnosis between this

disease and simple functional indigestion. Subacute enteritis is almost invariably induced by dietetic excesses. In accordance with general principles, then, the first thing to be done in the way of treatment is to remove the contents of the small intestine, as is done in the greater proportion of cases by diarrhœa. The alimentary canal is then to be kept quiet by the moderate use of opium, and the diet of the patient carefully regulated.

#### CHRONIC ENTERITIS.

Chronic enteritis rarely occurs in adults if we exclude the enteritis which is associated with tubercular disease—that form of chronic enteritis which occurs in connection with certain cases of phthisis. If a patient suffering from pulmonary phthisis has a persistent diarrhœa, one perhaps which can be controlled by opium, but which speedily returns as soon as the effect of the opium passes away, and this continues for some time, we may safely infer the existence of tuberculous enteritis, which will sooner or later lead to ulceration. Exclusive of these cases, and exclusive of the ulcerations which sometimes persist after recovery from typhoid fever, chronic gastritis is a rare disease in adults, but common in children. In young children, and during dentition, especially in cities, the cases of chronic enteritis, acute and subacute enteritis are very numerous, and constitute the greater part of the cases known commonly as “summer complaint” and cholera infantum. As these affections more properly belong among diseases of children they will not be studied at this time.

#### SUBACUTE GASTRITIS.

With regard to subacute gastritis it is a very common affection, and one which exists in a large proportion of the cases which occur so frequently, and to which in this country the name “bilious attack” has been applied. “Gastric embarrassment” is also a name which has been given to the same condition. The term “gastric fever,” a term which should never be used, but one which has received a popular recognition, has been employed by some physicians, and even by some medical writers in describing this disease. The symptoms which characterize a transient and subacute gastritis are loss of appetite, nausea, sometimes vomiting of a considerable amount of mucus, and perhaps bile, more or less of tenderness over the epigastrium, and a certain amount of fever; the thermometer rising as high perhaps as 100 or 101° F., and the pulse increased in frequency. This group of symptoms can frequently be referred to over-indulgence at the table, or to the effect of some agency, mental or physical, which, after the ingestion of food, has given



rise to indigestion. The food undergoes chemical change in the stomach, and produces a certain amount of inflammation. This form of gastritis is not severe, and does not, as a rule, call for very active treatment.

It may be proper, if there is suspicion that the stomach contains indigested food, to produce vomiting.—*Medical Record.*

### Treatment of Chronic Intermittent Fever.

(Continued from September No.)

BY J. E. BLACK, M. D., NEWARK, O.

After all this preliminary, the reader may be raised to some expectancy as to a plan of treatment at once novel and successful. As to the newness of the plan of treatment I have to recommend, there is not so much to be said; it is more correctly a somewhat new handling of old tools, than a fresh invention, but as to its success it would be difficult to speak too sanguinely. Yet, I have sometimes asked myself, if my superior success of late years in the management of this disease is not in part due to some abatement of its intensity. I will grant that such may be the case, but at the same time must avow my faith that the principles of treatment, reduced as I have been able to reduce them, to a system, are the true ones, amply able to render the physician a master of his patient's condition, and only needing in lower latitudes potions of medicine, especially of quinine, somewhat larger than what may be needful for that of Ohio.

In the therapeutics of intermittent fever it is not enough when a patient presents himself, to diagnose the disease and prescribe for the name on a routine plan. The history, temperament, habits and collateral derangements must be carefully scrutinized, and the remedies as well as the doses precisely adapted to them. It is also necessary to erase as much as possible from the mind the dominant notion of a malaria in the system, and instead, to fix the attention *searchingly* upon all the organs whose functions are most seriously implicated. To correct these, after the paroxysms are for the time arrested, is the *sine qua non* of ultimate success. This, as a rule cannot be accomplished by *continually active* or *disturbing medication*, but only by that which will *hold* the organs most at fault up to the standard of healthy action, *and no more*; neither causing them to sink below their normal activity nor to rise much above it. Accomplish this successfully—guarding the tendency to periodicity by quinine at proper intervals and the health will soon be *toned above the ague*

*point* and the tendency to relapse permanently obliterated.

In carrying out the principles of treatment the exact course adapted for all cannot of course be laid down, as this is a matter of individuality, scarcely any two persons exhibiting the same phases and modifications of derangement.

But suppose a person suffering by a chronic intermittent shows something like the following symptoms: The disease has not been on him longer than at frequent intervals for four or six months; the nourishment and strength of the body are fair, considering the antecedents, but there is a sallow or dusky hue of the skin; the eye is heavy and listless, the tongue heavily coated, the lips moderately anæmic, the appetite capricious, the bowels irregular, with vertigo or cephalalgia more or less constantly, the renal secretion is now highly concentrated and tinted with bile, then clear and abundant, with aching in almost every bone of the body which is now better, now worse; and withal, severe paroxysms of chills and fever on alternate days. The prompt arrest of these paroxysms is indispensable, as it is these which cause, aggravate and perpetuate the organic derangement, especially of the chylipoetic viscera, until their functions are always, even during intermissions, very imperfectly performed; thus depraving the assimilative functions and the organization of the blood. It is this and nothing more, which is at the root of the so-called malarious cachexia, and in proportion as bad management, not imbibition of malaria, is prolonged, does the certainty as to the appearance and degree of the cachexia, *ceteris paribus*, mainly depend. I therefore, make it a rule never to allow a person to have a paroxysm after being seen if I can help it, although in most instances the action of quinine is not only less certain but far more unpleasant in its effects if given without preparatory treatment. In most instances this only consists in the administration of an efficient cathartic of podophyllin and mercury. When there is a diarrhoeal tendency leptandrin acts with the mercurial to better advantage than the podophyllin. After the viscera are relieved of their loaded, vicious secretions, the quinine should be administered, and as a rule one third less is required to stop the paroxysms than if that had not been done. Ten or twelve grains are sufficient in the one case, and from fifteen to twenty in the other. After the regular paroxysms are arrested no more quinine need be given until the seventh, fourteenth and twenty-first days, unless a gross indiscretion of the patient should cause it to return sooner. On these days, the same amount is to be taken as in the first instance—

say three grains before each meal, and at bed time until the requisite amount is taken.

The treatment of the interims is highly important, it is in fact the grand requisite of success. If the tongue, after the catharsis, remains coated—with sluggish peristalsis and icterode hue of the conjunctiva or skin, I order the following :

℞ Protoid. mer.,.....grs. ii.  
Podophillin,.....grs. i.  
Nit. pot.,.....grs. vi. M.

To be given only at bed-time of each day until the appearance of the tongue and skin are normal. The reason for administering the medicine at that time is this : the night hours allow the remedies to act therapeutically in an undisturbed manner by either food or drink. As soon as the tongue is clean and the tendency to hyperæmia and hypertrophy of the liver, and the tumid abdomen is made to disappear, the powders are to be stopped, and resumed if the symptoms reappear.

At the same time or at least as soon as the most extreme chylopoetic derangement is corrected in order to *hold* these organs up to the standard of healthy action—not to correct any apparent derangement—the following should be administered :

℞ Fl. ext. euonymus..... ʒ ij.  
Fl. ext. tarax  
Fl. ext. xanthoxyli.....ää ʒ i. M.

And order a teaspoonful before each meal except in the days when the quinine is to be taken. When the tendency to revert to marked hepatic torpor is very great, ten or fifteen drops of the fluid ext. stillingia should be added to each dose—or if the spleen is enlarged a few grains of iodide of potash to each dose of the solution will do excellent service. If the patient is anywise anæmic, the liquid oxy-nitrate of iron should be administered. It forms an excellent solvent and vehicle for the quinine, tones the appetite, facilitates the hematosis, and acts favorably upon the functions of the liver.

The precautions to be observed by the patient are important. The diet must be simple and plain—no pastry, warm bread, rich puddings, or any highly seasoned complex dishes. No wine, beer or liquor to be allowed. The clothing should be adequate, especially for night protection, or after sudden meteorological changes. For these purposes flannel underclothing should be enjoined in all cases in all seasons. The exercise should be mild—never being carried to the point of exhaustion until convalescence ends. In a few words, the vital strength needed for recuperation should not be spent in exhausting toil. If it is, ten to one all the most skillfully directed treatment will prove of only temporary ad-

vantage. Ordinarily, the treatment and these observances should be strictly practiced for at least a month, after which a gradual cessation and a return to ordinary habits may be allowed. It is certainly far better economy to do this for a month than to be partially disabled for several months or even for two or three years, as all experienced observers have frequently seen.

To prevent an intermittent becoming chronic—a teaspoonful of the extracts above named should be taken before breakfast and dinner, after the paroxysms have been arrested with quinine ; anticipating the tendency to recurrence on the 7th and 14th days by the latter means. The diet and habits should also be made to conform to the rules already given. In this way there is no difficulty in avoiding a return of the paroxysms every week, or for months.

In inditing these directions there has been no thought of simply filling or rounding out this article according to a routine formula, but every sentence is meant to convey indispensable requirements, not to be simply accepted as sound or sensible directions, but such that must be put into the strictest practical operation for entire success.

The period of treatment, of course, depends upon individual peculiarities, upon the facility with which reversion to health occurs, upon the extent and profundity of the organic derangement, and upon the length of time which the disease has existed either through mismanagement or the obstinacy of the patient, and upon the fact whether the person is acclimated or not. One of the lymphatic temperament needs treatment longer than one of the sanguine—while those of the bilious lymphatic longer than either.

Such is the outline of treatment for chronic intermittents that I have pursued for years and with perfectly satisfactory results. I have had patients with enormously enlarged spleen, enlarged liver, tumid abdomen, dirty-pale complexion—who had been using quinine and prussiate of iron for months, interspersed with cathartic pills every now and then, and only with the most transitory benefit, in fact upon the whole getting worse and worse, or falling into what is termed the malarious cachexia—and had them improve under the plan above given almost uninterruptedly until perfect health ensued. — *Can. Lan & Clin.*

#### For Tapeworm.

℞ Flor koussu..... 3 vi.  
Kamela ..... ʒ iv. M.

Take half at 8 a. m., at 9 a dose of salts, and at 10 the other half. — *Canadian Journ.*

## Veratrum Viride in Epileptic Convulsions.

BY EDWARD F. MORDOUGH, M. D., FLATBUSH,  
LONG ISLAND, N. Y.

Being called upon to witness and treat many attacks of epileptic convulsions, and having thoroughly tried with but little, if any success, the numerous remedies and devices offered by our standard authorities, partly at the suggestion of Dr. L. P. Gray, of Brooklyn, I determined to give veratrum viride a fair trial. Having witnessed as well as read of the beneficial effects of this drug both in uræmic and puerperal convulsions, as well as in the "internal" convulsions of children, I hoped that I had at last obtained an agent which, used in a proper manner, would diminish the severity and decrease the frequency of the *recurring* convulsions—an end much to be desired, and one which the following cases will, I think, convince the most skeptical reader, was arrived at. Messrs. Heydenrich Bros. prepared for me the following solution, which, used hypodermically was entirely satisfactory, and was followed by no unpleasant results, the small amount of morphia counteracting, in almost every instance, the nauseous and emetic effect of the drug.

R. Morphine sulph. . . . . gr. ijss.  
Tr. veratri viridis,  
Aq. dest., aa. . . . . ʒ ss.  
Misce.

CASE I.—M. D., æt. 22, Oct. 17, 1877. Previous to this date it had been my misfortune to attend this man on four different occasions. He had been subject to these attacks for fifteen years, and for five or six years past the convulsions had been increasing in severity and duration, lasting, with intermissions of from five or ten minutes, for three or four hours. I had ineffectually tried to diminish their intensity and frequency by means of nitrate of amyl, chloroform and ether, the cold douche, compression of the common carotids, etc., etc., but had found it necessary in each case to remove him to the City Hospital (March Sept. 10th, 14th, and 27th, 1877), where his convulsions continued in spite of all treatment, until after lasting a number of hours and exhausting the corps of nurses and attendants, they gradually grew less frequent and severe, and ended in the usual sleep. On this occasion he was seen about twenty minutes after the commencement of the attack, and according to the testimony of the bystanders, the convulsions had been increasing in severity and duration. While rigid and convulsed I gave him hypodermically twenty minims of the solution, representing ten min-

ims of the U. S. P. tincture and about a tenth of a grain of morphia, and repeated the dose in twelve minutes. In about four minutes there was a marked change in the force and rapidity of the pulse, while the pupils about the same time began to dilate. The patient was kept prone and complained of no nausea, but said the punctures were quite painful. There was no indication of a convulsion, and after watching him an hour and ten minutes, his pulse having become stronger, he was left to sleep. Learned later that no convulsions ensued, and that no abscesses were developed.

Feb. 15, 1878.—Was again called to attend M., and found him in a series of convulsions, which had not been affected by the administration of amyl in the hands of a physician, who was present when the convulsions began. Gave him twenty minims of the solution during a convulsion, and followed it with ten more minims eleven minutes later, and had the satisfaction of seeing no indication of a convulsion returning. In two hours he was allowed to walk home, and aside from slight pain due to the punctures and some little nausea on standing erect, he was none the worse for the treatment.

March 28th.—Was summoned to see M., and found him violently convulsed, the attack being the most severe ever seen by those present, well acquainted with him. He had been on a prolonged debauch, lasting three days during which time he had eaten little or nothing, and had wound up in a police-station cell in a pitiable condition. As the convulsions were increasing in severity, at the earnest request of his friends to afford him assistance, if possible, notwithstanding his already depressed condition, I gave him eighteen minims of the solution in the period of rest following a convulsion. In five minutes his pulse had become very much decreased in force, and had fallen from one hundred and eight to fifty-six beats a minute, and for the first time in my use emesis followed in a few moments. His pupils were dilated and skin cool and moist, and for a moment I regretted having given him a depressant in his present condition. However, as the emesis was controlled by morphia, and as his pulse became more full after the administration of a diffusible stimulant, I had no further occasion for regret. After carefully watching him for an hour, I left him in the hands of the police, and was informed later that there was no return of the convulsions, and that after sleeping for three hours he walked home, the only unpleasant result following the administration of the veratrum being some slight uneasiness at the point of puncture. I believe that the emesis present in this instance will hardly be

wondered at when his condition is taken into consideration.

April 20th.—Was called to see M., and, as usual found him surrounded by an alarmed crowd, and was told that convulsion was following convulsion at regular intervals with undiminished severity. Gave him an injection of twenty minims of the solution, following it with twelve more in nine minutes, and had the satisfaction of seeing no nausea or emesis result, and the convulsions cease. The patient was soon able to walk home, and experienced no unpleasant effects from the treatment. His being sent for six months to the county penitentiary caused me to lose sight of him.

CASE II.—J. E., æt. 30. Was called to attend E., and found him in a characteristic convulsion, having a history of attacks from his youth up to the present time. He had had four convulsions, and as there were no symptoms of their ceasing, I gave him sixteen minims of the solution, following it with ten more in ten minutes. No more convulsions, and as there were no symptoms of their ceasing, I gave him sixteen minims of the solution, following it with ten more in ten minutes. No more convulsions, no nausea, and but little local pain was the result. Moved him home, and was informed later that no convulsions or abscesses followed.

CASE III.—W. M., æt. 20. Convulsions have been experienced at intervals of about three weeks for seven years. Usually last about an hour and a half. Called to see him about twenty minutes after attack began. Administered twenty-two minims of the solution, and there being no symptom of a return of the convulsions did not give any more. Patient was taken to St. Peter's Hospital, and discharged the following morning. No convulsion while in the hospital. Eight days later was again called to attend M., and found him violently convulsed, the attack having lasted but ten minutes. Gave him twenty minims. Result was as before—no more convulsions, although they had been increasing in severity up to the time of the injection, according to the testimony of spectators. The patient enlisting in the U. S. Navy prevented further observation.

CASE IV.—K. C., æt. 45. Confirmed epileptic for twenty years. Convulsions had been present for twenty minutes. No diminution in severity or duration had been noticed by friends. Twenty minims of the solution, followed in eight minutes by twelve more, were administered. No convulsions or nausea followed. Was unable to learn whether or not an abscess resulted.

CASE V.—J. B., æt. 38. History of epileptic convulsions for sixteen years. Patient

was in third consecutive convulsion when first seen. Gave thirty minims *by mouth* as soon as paroxysm ceased. Was obliged to administer it in this manner, as my syringe was not in working order. In six months a convulsion occurred, as severe as any previous, but of shorter duration. None followed and the dose was not repeated. Have every reason to believe that if the veratrum had been administered subcutaneously so that it could have been more quickly absorbed, the result would have been as satisfactory as in the previous cases. No nausea was experienced as far as could be ascertained.

CASE VI.—J. C., æt. 27. History of epilepsy for twelve years was given by friends. Convulsions usually last about an hour and a half. Were of twenty minutes duration when first seen by me. Gave him twenty minims by the hypodermic syringe, and in twelve minutes followed it with fourteen minims, as there was some indication of a return of the convulsions. No paroxysm followed, and no nausea was complained of while under my observation, nor could I learn of any subsequently from the police in whose custody he was.

CASE VII.—J. C., æt. 25. On seeing this case, learned that the convulsions had been present for about fifteen minutes, and that no diminution in their severity or duration could be noticed. Gave him eighteen minims of the solution, and as there was no indication of a return did not increase the amount. The patient was able to walk home in about two hours, and was free from nausea and local pain.

My term of service as ambulance surgeon having expired, I was compelled to discontinue my observations, which had more than justified my most sanguine expectations. To recapitulate, the veratrum was administered subcutaneously in nine cases, and although the convulsions had been increasing in severity, or at least were not becoming less severe, no convulsion followed its administration. In the one case in which the drug was given by mouth but one convulsion followed, and that was shorter in duration than the previous ones. Emesis was established in but one instance, and was promptly controlled by morphia. As far as could be ascertained, the injections were not followed by abscesses, and but little local pain was experienced. In conclusion, I believe that the inference drawn from the above cases is that, administered subcutaneously, veratrum viride in large doses of from ten to fifteen minims of the U. S. P. tincture, will in almost every instance abort the *recurring* convulsions of epilepsy, and that used in such doses no unpleasant result will be experienced.—*Medical Record*.

## Memoranda for Treatment of Cases of Intestinal Obstruction.

BY JONATHAN HUTCHINSON, F. R. C. S.

1. In all early stages, and in all acute cases, abstain entirely from giving either food or medicine by the mouth.

2. Use anæsthetics promptly. Put the patient under the full influence of ether; examine the abdomen and rectum carefully before tympanites has concealed the conditions; administer large enemata in the inverted position of body; and, if advisable, practice abdominal taxis. If you do not succeed at first, do it repeatedly.

3. Copious enemata, aided perhaps by the long tube, are advisable in almost all cases, and in most should be frequently repeated.

4. Fluid injections may be sometimes replaced by insufflation of air in cases of invagination, since air finds its way upwards better, and is more easily retained. It is, however, somewhat dangerous, and has, perhaps, no advantage over injections with the trunk inverted.

5. Insufflation is to be avoided in all cases of suspected stricture since the air may be forced above the stricture, and there retained.

6. Saline laxatives are admissible in certain cases where impaction of feces is suspected, and in cases of stricture where fluidity of feces is advisable.

7. Opium (or morphia) must be used in proportion to the pain which the patient suffers. It should be administered by the rectum or hypodermically, and should be combined with belladonna. If there be not much pain or shock, it is better avoided, since it increases constipation, and may mask the symptoms.

8. A full dose of opium administered hypodermically will put a patient in a favorable condition for bearing a prolonged examination under ether, and attempts at abdominal taxis.

9. In cases of uncertain diagnosis, it is better to trust to the chance of spontaneous cure or relief by repeated abdominal taxis, than to resort to exploratory operation; or, in desperate cases, iliac enterotomy should be done. Operations for the formation of an artificial anus in the right or left loin may be performed whenever the diagnosis of incurable obstructive disease in the lower bowel is made.

10. The operation for the formation of an artificial anus through the anterior part of the abdominal wall and into the small intestine should be resorted to only in certain cases of insuperable obstruction, in which the seat of disease is believed to be above the cæcum.

11. In all cases in which the precise seat of disease is doubtful, but the large intestine is

suspected, the *right* loin should be preferred. If the colon here be found to be empty, the peritoneum may be cautiously opened, and a coil of distended small intestine brought into the wound.

12. My last suggestion as to the treatment is one which, speaking as I do in a medical section, I feel some delicacy in making. It is, however, I believe, a very important one, and it is this, that cases of mechanical obstruction are really surgical and not medical cases. They require manipulative measures both for diagnosis and for treatment, and they require them early. It is difficult to explain why it has come about that, as a rule, a physician is called in first, and nothing but drug treatment usually adopted in the early periods, and it is, I am convinced, much to be regretted. The surgeon is but too often asked to see the case only in the last stage, when it is thought that perhaps an operation may be desirable. At this period the abdomen is distended, and an accurate diagnosis impracticable; but, what is worse, the stage at which abdominal taxis is most hopeful has passed. My remarks do not, of course, apply when the medical attendant possesses the knowledge and exercises the functions of both branches.—*Hospital Gazette*.

## Local Morbid Temperatures.

(*L'Union Medicale*, May 4, 1878.) M. Peter read before a late meeting of the Academy of Medicine of Paris the results of his researches in local morbid temperatures. The following *resume* is given by the journal cited:

1. The parietal temperature of the side affected with pleuritis is always higher than the average parietal temperature, which is 97.3 deg. The morbid elevation is from .9 deg.; 1.8 deg.; 3.6 to 6 deg.

2. The temperature rises with the increase of the exudation.

3. The elevation of the parietal temperature decreases during the stationary period of the exudation, that is, when the latter ceases to increase; but, generally, the parietal temperature of the pleuritic side is still from .9 to 2.7 degrees higher than that of the healthy side.

4. Pleuritis not only causes a rise in the parietal temperature of the affected region, but also in that of the opposite side; still, the former is always some tenths of a degree to two degrees higher than the latter.

5. The parietal temperature gradually decreases as spontaneous absorption of the exudate takes place, but it still remains four to five tenths of a degree higher than that of

the healthy side. This elevation continues for some time, and explains the possibility of relapse.

6. In pleuritis without exudation the local temperature is less elevated than where exudation takes place, and the fall to normal temperature takes place more rapidly.

7. The absolute elevation of temperature in the affected side is greater than the absolute elevation of the axillary temperature. This local hyperthermia precedes that of the axilla. These two facts demonstrate the dominating influence of the pathological pleuritic process upon the general condition, or at least upon the general temperature.

All the above facts have reference to cases of pleurisy in which thoracentesis was not performed. In connection with those in which operative procedures had taken place, he arrives at the following conclusions :

That the local hyperthermia, following puncture in pleuritis, as well as in ascites, is the result of hyperæmia *a vacuo*

That, in pleuritis, this mechanical hyperæmia is necessarily added to the anterior inflammatory hyperæmia, against which puncture is absolutely without curative action.

That, thus we have two hyperæmias instead of one ; in consequence, then, necessarily results an increased vascular tension of the still inflamed pleura.

That, thus the freshly exuded liquid may be richer in leucocytes and red blood corpuscles ; thus is easily conceived the purulent transformation of a fresh exudation, when the original puncture was made in the high febrile period of the pleuritis.

That, this accumulation of hyperæmia, the sudden return of the blood into the pleural cavity, made manifest by the local hyperthermia, explain the syncope, the pulmonary congestion, the consecutive albuminoid expectoration, the pain and the oppression observed in those cases of rapid depletion or of sudden hyperæmia by evacuation materially demonstrated by his researches upon local hyperthermia.—*Detroit Lancet*.

#### The Cure of Sciatica by Phosphorus.

Dr. Volquardsen reports in Schmidt's *Dictionary* and the *Pesth Medico-Chirurg. Presse*. No. 39, 1877, a case of sciatica which lasted for two years and defied all treatment. He then arrived at the idea of trying the internal use of phosphorus, which he prescribed in doses of one-thirtieth of a grain three times a day. Three days sufficed to obtain a marked improvement, and three weeks brought a complete cure.—*Drug Circular & Chem Gaz.*

## Notes on Current Medical Practice and Opinions.

### A Great Catalogue.

A work is going on in the Surgeon-General's Library which is attracting attention all over the world. A force of seven or eight clerks of the medical bureau of the government have been engaged for several years, under the direction of Surgeon-General J. S. Billings, in compiling a catalogue of the literature of the National Medical Library, better known in Washington as the Library of the Surgeon-General's office. This catalogue is to be much more than its name indicates. It will be an alphabetical classification by names of titles of all diseases, wounds, and affections to which human flesh is subject, all known remedies, theories of treatment, and descriptions of special cases, giving at the same time the names of authors who have written upon medical subjects, and of the books and the numbers of the pages in which such matters are treated. In short it will be when finished, a complete descriptive index to nearly everything which has ever been written upon any subject, in any language, which has a professional interest for medical men, provided the volume or treatise is to be found in the National Medical Library. Being the largest medical library in the world, the almost absolute completeness of the catalogue is guaranteed.

The library now contains nearly ninety thousand volumes, some of which are exceedingly valuable, not only for the information they contain but as relics of the early days of book-making. The most ancient volumes date from the fourteenth century (before the invention of printing). They are carefully written with a clear hand upon parchment, and are perfectly legible at this day. The library is the resort of writers upon medical subjects from all parts of the country and not seldom from other lands, who come here to avail themselves of the unrivalled facilities for reference which it affords. Many great advantages will result from this catalogue, which we have not space to mention.

### PICRATE AMMONIUM IN WHOOPING COUGH.

Dr. Z. T. Dellenbaugh writes to the Editor of a Western Medical Journal at considerable length, upon the use of the Picrate of Ammonium in Pertussis. He thinks that he has discovered a specific in that malady. We briefly quote the pith of his letter. "I have treated six children with whooping-cough

(at the Howard Dispensary) with the Picrate of Ammonium mixture, and, I am happy to state, with the most gratifying results. The mothers assured me that after their children would take two or three doses of the medicine the paroxysm would relax in severity, and in a couple of days, would entirely subside as a paroxysmal cough with the well known whoop, and a simple cough of ordinary laryngo bronchitis remains. I gave the remedy in this way :

R. Picrate Ammon. .... gr. i.  
Muriate Ammonia. .... grs. xxiv.  
Ext. Glycyrrhiz. Pulv. .... 3 i.  
Aqua. .... 3 iii.

M. Sig. Teaspoonful every three hours to a child six months and under, doubling the quantity for a child of about a year to two years of age, and giving as much as one-eighth grain to a child three to five years of age."

#### MEDICAL APHORISMS.

The following dogmatic form of stating facts greatly simplifies the logic of conviction. Dr. Roberts Bartholow is responsible for the following :

"Quinia performs its offices by means of its antiseptic powers : is an anti ferment. It may produce permanent deafness. It arrests inflammation in its forming stage, and is excellent in scarlatina, variola and rubeola.

Alkalies, in the treatment of rheumatism are losing ground, and quinia, blisters, and cold baths give better results."

"The Sulphites vaunted by Polli, are of no avail."

"Spare woman, by warm baths and inunctions of oil, may acquire flesh and roundness of form."

"Blue Lick water (of Kentucky) is useful in abdominal plethora and obesity."

"Mercury increases the flow of the bile, not by augmenting its secretion, but by producing reflex constriction of the gall bladder, mechanically forcing out the bile."

"Phosphorus is the best remedy for impotence."

"Alum is the best cure for lead colic and relieves the pain and nausea more certainly than any other remedy."

"Digitalis possesses great utility in scarlet fever. It lowers the temperature, and maintains the action of the kidneys."

"Aqua puncture is so decided in its relief of pain, that some physicians contend that the anodyne effects of hypodermic injections of morphia are due to the water, and not to the opiate. The injections of water to be efficacious, must be near the seat of pain. In facial neuralgia, sciatica, lumbago abdominal neuralgia, lumbago, uterine colic, and irritability of the bladder, aqua puncture possesses extraordinary power. In paralyzed and wast-

ing muscles, it promotes nutrition of the muscles and contributes to the regeneration of muscular power. Thirty to sixty minims of water should be injected at the painful points : and if no relief occurs in two minutes, repeat the remedy."

#### HEMORRHOIDS TREATED BY FORCED DILATATION OF THE SPHINCTER ANI.

A French thesis by F. Monod, (*L'Union Medicale*) extols the forcible dilatation of the sphincter as the most safe and successful method of treating many cases of internal hemorrhoids. The operation is done under anæsthesia. One of the conclusions reads as follows : "In view of thirty cases already known, in which the forced dilatation, without giving rise to any serious accident, has invariably produced either a radical cure or a notable amelioration, there is no temerity in assuming that this excellent method will rapidly pass into the domain of every day surgery."

#### INTESTINAL GAS.

The following conclusions are drawn from a paper on the above subject, read by M. Lever before the Academy of Medicine, Paris ;

1. Food does not seem to produce gas ; that found in the digestive tube comes from the external air, the blood, and the faecal matters.

2. The gas formed during the course of flatulent dyspepsia is not due to the decomposition of food, but comes from the three above mentioned sources. It is continually kept in motion by the pathological contraction of the intestinal muscular fibres. Although continually expelled, it is constantly renewed. Its production may be incessant, as well in the fasting individual as in one well nourished.

3. This symptom, production of gas, therefore implies the existence of an intestinal irritation which is always consecutive to a stomachal dyspepsia of already long duration.

4. The course of the disease, and the treatment followed to obtain a cure, confirm these clinical observations.

5 There is no necessity of instituting a medication against the gas *per se* ; moreover, the so-called absorbent powders, as charcoal do not absorb the gas as has been proved experimentally. Pulverized charcoal has no gas absorbing properties.

#### RHEUMATISM TREATED WITH LIME JUICE.

In the Canada Lancet, Dr. A. H. Chandler calls attention anew to the use of an old remedy, and reports several severe cases in which good results followed its use. Without regard to the condition of the bowels—unless previously much constipated—he begins with at least ten ounces of lime juice, increasing rapidly to eighteen or twenty-four per diem—



from half an ounce to one ounce or more every hour, with not less than double or treble the quantity of cold water, usually diluted and sweetened to the patient's taste. He finds that even on the second day the amendment is decided, and the disease, in acute cases, more particularly sthenic or asthenic, generally subsides on the fourth or fifth day of treatment. He usually prescribes one grain of opium, with or without lead and tannin, night and morning, in order to restrain the bowels which the juice has a tendency to relax. The effects of this treatment are, he says, rapid diminution of joint swelling, diminished perspiration, steady fall of pulse, which often becomes quite slow, with a slight tendency to syncope, the majority of cases requiring quinine and supporting food about the sixth day.

#### COD LIVER OIL AND IRON.

Dr. G. F. Elliot, of Hull, observes in the *Lancet* of June, 1878, that the desirability, and at the same time the difficulty of giving iron and cod-liver-oil simultaneously, must have been experienced by every member of the profession. The difficulty consists in the circumstances, that if any of the commonly used preparations of iron, such as the syrup of the iodide, or the tincture be in any way mixed with cod-liver-oil, the well-known and nauseous flavor produced by the contact of steel and fish is strongly developed, and on the other hand, if they are given separately the patient complains that he is always taking medicine. Dr. Elliot finds in the new preparation (solution of dialysed iron) a very satisfactory means of overcoming the difficulty. The oil should be poured on the vehicle in which it is usually taken, and the requisite dose of the iron solution should then be carefully dropped upon the surface of the oil, and it will be found to remain suspended in the latter, neither sinking through into the liquid below, nor becoming decomposed in any way. The iron solution being as nearly as possible tasteless, its addition is in no way objectionable to any patient who can tolerate the oil.

#### NITRATE OF LEAD IN EPITHELIOMA AND IN ONYCHIA.

In the *Raccoglitori Med.* No. 9, 1877, G. Calletti states that he has recently effected a cure in three cases of epithelioma, in one of which the part effected was the nose, in the second the cheek, and in the third the sternum. The mode in which he applied the remedy was by dusting the powder over the affected part, and recovery took place when this had been done about four times.

Two obstinate ulcers of the foot which had proved rebellious to other methods, quickly recovered under the same treatment. Van-

zetti has recently recommended the use of nitrate of lead in onychia maligna.

#### PREPARATION OF LITHIA AND THEIR THERAPEUTIC USES.

According to M. Limonsia, (*Journl de Médecine Mai*, 1877), carbonate of lithia is most frequently in the form of a solution; Carbonate of lithia (crystallized) 50 centigr. Aerated water 500 gr. The water thus prepared is taken either pure or with wine, two to four glasses a day, according to the directions of the physician. For those patients who dislike the strong alkaline flavor of the lithia, the dose can be given as a citrate or carbonate with the flavor concealed, the dose being 10, 15, 20, or more centigrammes. One or two glasses of seltzer water should be drunk afterwards, to render dissolution of the salt more easy. The preparation of lithia for external use are not very serviceable, some new formulas are therefore recommended.

1. Oleostearate of lithia..... 4 grs.  
Axunge.....30 "
2. Glycerine.....30 grs.  
Carbonate of lit. lithia..... 4 min.  
To be shaken before using.
3. Glycerole of starch.....30 gr.  
Carbonate of lithia..... 4 m.

These preparations may be employed as ointments for enlarged joints and in swellings caused by the accumulation of urate of soda, in gouty and rheumatic persons.

For Journal *Materia Medica*.

#### Yellow Fever.

The subject, that for the present focalizes the interest of the medical profession, is that dreadful scourge, variously called St. Domingo fever, Bulam fever, Jungle fever, Andalusian plague, and now, generally known as Yellow fever.

The September journals have generally endeavored to meet the demand for information on this absorbing subject.

#### CHARACTERISTICS OF YELLOW FEVER, &C.

In *The Cincinnati Lancet and Clinic*, J. W. Compton, M. D., presents some striking differences in the symptoms and character of yellow fever, and those of malarial fever. We give a few of them. He says: "In yellow fever the intense pain is felt in the back part of the head and in the cerebro-spinal region."

"The pain of malarial fever is usually in the front part of the brain."

"Attacks of yellow fever afford almost entire immunity from future attacks, while attacks of malarial fever increase the tendency to future attacks."

"The preparations of cinchona have no specific controlling effects in yellow fever, while in malarial fevers they have a universally acknowledged and marked controlling effect."

"Yellow fever never rises spontaneously in our country, but must be propagated, \* \* \* while malarial fevers arise spontaneously \* \* \* and are never propagated by imported contagion."

"Yellow fever will not exist in a temperature below 70° Fahrenheit."

"Dr. Gaillard of Louisville, Ky., to whose able pen I am indebted for much of the distinguishing features of these two very dissimilar diseases says: "The great authorities in all civilized lands believe yellow fever and malarial fever to be essentially and totally different."

"Watson believes the disease to be propagated by minute germs, and that there is in this disease an infection."

"Dr. Geo. B. Wood writes thus. "There can be but little doubt that the cause of yellow fever is specific and peculiar, as much so as small-pox or scarlatina; the germ or ferment may be conveyed from one spot to another, and though perhaps not more than a mere point, may poison the atmosphere of a whole city."

A Northern physician with no personal knowledge of yellow fever, would be very apt to accept Dr. Comptom's conclusions as correct. But here comes Prof. H. K. Whitford, in the *Chicago Medical Times*, and says of yellow fever: "It is not contagious or infectious, therefore there is no danger when we come in contact with the disease, if it is in a locality where it originates."

"Having had the disease is no bar to the influence of the poison a second or third time."

He says: "It is caused by the miasma arising from the rapid decomposition of vegetable matter."

In the same journal J. G. Vandewalker, M. D., of Ind., says, among other good things, "Some contend that it is purely a fever having its origin in a specific contagion, and others that it is a miasmatic fever." \* \* \*

"I am fully convinced both are right, and THAT CERTAIN MIASMATIC CONDITIONS ARE NECESSARY TO DEVELOPE THE SPECIFIC CONTAGION OF YELLOW FEVER, and to bring about an epidemic."

Again he says: "The identity of yellow fever miasm with malarial miasm has been strongly maintained by many. Others reject this view." \* \* "I am satisfied that each of these views is correct to a certain extent; i. e. all that is required to complete the identity between the two miasms is to add to malarial of the swamp (produced by decaying vegeta-

ble matter) the additional condition of decaying animal matter under the same conditions as to moisture and heat."

#### DIVERSITIES OF TREATMENT.

In Dr. Whitford's article already referred to, he says: "The treatment should be very similar to that prescribed in congestive remittent fever." \* \* \*

He advocates sulph. of soda and capsicum, tr. xanthoxylum, fluid ext. belladonna, citric acid, fl. ext. veratrum viride, sulph. quinia, ferri prus., ferri carb., hydrastin, and spt. frumenti, to be given at the different stages of the disease.

In striking contrast with this is Dr. Rush's treatment in Philadelphia in 1793, which comprised bleeding, calomel, and jalap. Still more simple was the treatment of a certain Friend in New York, of whom Dr. Hassock is reported to have said: "The old Quaker has saved more yellow fever patients with his cat-nep and castor oil than any of the medical profession have."

No candid physician can read the articles from which we have made these extracts and similar ones, without being convinced that the millenium of concord and harmony on the cause and cure of yellow fever, has not yet arrived, and that at present, our treatment of this disease is largely experimental.

#### Amenorrhœa.

Powdered rue.....	5 centigrammes.
" savin.....	"
" ergot.....	"
" aloes.....	25 "

ft. pil.

Of these, 3 are taken the 1st day; 6 the 2nd; and 9 the 3rd day, always in three doses. Foot baths, sitz baths, and fumigations are ordered before beginning the pills, and leeches are applied to the labia while the pills are being taken.

#### Purgative Pills.

Jour. de Méd. et de Chir.: In his book on Milk, Cream, Butter, M. Husson calls attention to Planche's formula for purgative milk, a cathartic which has the advantages of being easy to take and certain in action:

R Resinæ scammonisæ . . grs. vi (40 otgms.);  
Sacch. albæ . . . . . 3 ijs (10 grams);

Trit. et ad. gradatim:

Lactis puri . . . . . 3 vi (100 grams);  
Aq. laurocerasi . . . M xiv. 3 j (¾ gram).

M. A single dose for an adult.—*Louisville Med. News.*

## MONTHLY SUMMARY.

### Water as a Constituent of Organic Substances.

Water forms three fourths of the weight of living animals and plants, and covers about three fourths of the earth's surface. Prof. Chaussier dried the body of a man in an oven, like a brick in a kiln, and after desiccation the body weighed only twelve pounds. Rather more than a pound of water is exhaled daily by the breath, about  $1\frac{1}{2}$  pound by the skin and  $2\frac{1}{2}$  by the kidneys, making the daily emission of water by the body about  $5\frac{1}{2}$  pounds.

The following is the percentage of water in some well known articles :

Wheat .....	15	Mangel wurzel ...	82
Barley.....	15	Cabbage (leaves)..	95
Oats .....	16	" (stem)...	84
Rye .....	12	Mushroom.....	96
Rice.....	13	Fungi.....	87 to 95
Beans (field)....	15	Potato.....	75
" (kidney)...	23	Watermelon.....	94
Peas.....	14	Cucumber.....	96
Turnips.....	88	Vinegar plant....	95
Carrots .....	85	Wheat flour 13 to	16
Rye flour.....	14	Cocoa.....	5
Barley flour....	14	Manna.....	10
Maize flour.....	13	Figs.....	21
Indian corn flour..	14	Plums.....	75
Oatmeal.....	14	Apples.....	80
Wheatbread. 44 to	48	Gooseberries ....	80
Rye bread... 44 to	49	Peaches .....	75
Cane sugar.....	5	Egg, entire.....	74
Linseed cake.....	10	Milk.....	87
Flesh.....	77	Blood.....	79 to 88
Skin.....	53	Gastric juice....	97
Bones, variable 7 to	20	Trout.....	80
Beef .....	74	Pigeon.....	76
Veal .....	75	Cheese.....	40
Mutton.....	71	Hair, wool, horn 9 to	11
Haddock.....	82	Brandy .....	56
Sole.....	79	Whiskey.....	47
Tea.....	5	Rum.....	30
Coffee.....	12	Beer .....	90

—*Drug. Circ. & Chemical Gaz*

### Ergotin In Diseases of the Bladder.

London Med. Record: Dr. Molfese, in the Cirillo of May 5, 1878, calls attention to the results of the internal use of ergotin in cases of paralysis of the bladder, hemorrhage, etc. He relates three cases. In the first a priest, aged eighty six, was suddenly attacked with retention of urine. After this condition had lasted thirty six hours the urine was drawn off by a catheter. It was turbid, and contained mucus and pus, and, eight days later,

blood in large quantity. Injections of alum, nitrate of silver, and sulphate of zinc produced no effect. Dr. Molfese then ordered a spoonful of the following mixture every half hour: Bonjeau's ergotin, one gram; water, one hundred grams; syrup of orange-peel, fifty grams. Injections of a very dilute solution of salicylic acid were also given. In eight days the blood had completely disappeared from the urine. The catheter was used for some days, and after treatment for a month the patient was cured. In the second case a man, aged seventy-two, had retention of urine, which contained mucus, pus, and blood. After the use of ergotin for twenty days the bladder regained its power. The third case was that of a man, aged fifty-one, who had twice suffered from gonorrhoea, specific ulcer, and suppurating bubo. For two months he had been unable to retain his urine. After the use of ergotin for ten days the incontinence had nearly disappeared, and at the end of fourteen days the patient was cured.—*Louisville Medical News.*

### Treatment of Internal Bleeding Piles.

Dr. Q. C. Smith, of Cloverdale, Cal., writes to the *Nashville Journal of Medicine and Surgery*:—

Without stopping to mention, or comment upon, any of the various plans of treatment of internal bleeding piles, as laid down in standard works, or suggested in periodical medical literature, we will at once proceed to briefly outline a plan of treatment that we have originated, and successfully applied in four cases. Of course, such constitutional treatment as may be indicated in each case is duly attended to.

We prefer spiced castor oil, to keep the bowels in a soluble condition. Our local treatment consists in large rectal injections of tar soap suds, hot as can be borne; and after the bowel has been thus thoroughly cleansed and constricted the soap suds is allowed to pass off. And soon after a solution of sulphate of zinc or carbolic acid, strong enough to produce slight smarting, and hot as can be borne, is slowly injected into the rectum, in such quantity as can be conveniently retained, and retained one hour if possible, the patient for the time, remaining quietly in the recumbent posture. This process is repeated once or twice a day, as the circumstances of the patient may allow or the severity of the case demand. There are probably other astringents that may be as good, or better, than those named, but they are the only ones we have used. We would suggest sulpho-carbolate of zinc as one that would probably be one of the best.—*Med. & Surg. Reporter.*

**Etiology of Yellow Fever.**

BY JAMES L. PERRYMAN, M. D., BELLEVILLE, ILL.

We wish, through the columns of your valuable journal, to meet the question in reference to the etiology and pathology of yellow fever, well aware of the fact that no disease has been more ably written upon than it has been. We have been taught, from time immemorial, by the ablest members of the profession, that it is a malarious disease, differing from intermittent and remittent fever only in degree, not in kind. Now, if this be true, is it not logical to suppose that the same remedies that cure remittent and intermittent fever should cure yellow fever? But our Southern medical brethren, who are as skillful and learned as the members of the profession anywhere, have signally failed to stay its ravages in any degree. The treatment in no two epidemics being alike, in short, it has been empirical and experimental in the extreme. May we not be partly or altogether mistaken in reference to its etiology and pathology? If it is a malarious disease, may it not be complicated with some other septic poison, analogous to that of typhus, or the materies morbi of some new disease not yet discovered? At this time we only wish to raise the question, without attempting its discussion. A thorough discussion and study of the disease by the medical profession of the whole civilized world, at present, would not be time mispent.—*Med. & Surg. Reporter.*

**Treatment of Tænia.**

In the administration of the bark of the root of *punica granatum* for tænia, M. Laboulbène departs from the usual practice, by giving castor oil after instead of before the anthelmintic. He macerates from two to three ounces of the fresh bark in two glasses of water, for 24 hours, and then boils it down to half the quantity. This is given in two portions, at an interval of half an hour; the oil is given as soon as the patient begins to complain of malaise, intestinal pain, and borborygmus. When administered at this time the oil hastens the expulsion of the worm, which might otherwise refasten itself to the wall of the intestine. Another formula recommended by M. Laboulbène, is the following: Filix mas. 3 j.; syrup of ether, 3 xijss.—M. This is to be taken in one dose, and should be followed in two hours by an ounce of castor-oil. The syrup of ether narcotizes the worm, which is then unable to resist the action of the purgative. The vermifuge should only be given at a time when the patient is passing fragments of the tænia.—*Medical Record.*

**Belladonna a Stimulant to the Circulatory System.**

R. H. Weber, M. D. (*Philadelphia Medical Times*, July 6, 1878), recommends the use of belladonna in cases of collapse, whether the collapse is caused by opium or cholera morbus, cholera infantum, or true Asiatic cholera; in fact, the doctor thinks that it should form part of the treatment in all cases of collapse or shock in which danger threatens from failure of the circulation. The reason on which he bases his preference for this drug in such cases is that belladonna is a strong stimulus to the circulatory and respiratory centres. By the use of belladonna then the doctor would tide over the crisis until nature could reassert herself, and thus save his patient. Belladonna added to a diuretic will greatly increase its effect, and cause the kidneys to carry off effusions much more rapidly.—*Detroit Lancet.*

**Treatment of Chronic Alcoholism.**

In reply to a question by a correspondent in the *British Medical Journal* for May 4, p. 669. regarding the best treatment for the tremors of chronic alcoholism and a substitute for the constant craving for drink which exists, Dr. Lauder Brunton recommends fifteen minims of tincture of perchloride of iron, with ten minims of tincture of nux vomica, as most efficacious for the tremors, combined with bromide of potassium if restless at night. The chalybeate mixture, either alone or with the addition of tincture of capsicum (five or ten minims), relieves the craving for drink, for which purpose also a mixture of carbonate of ammonia in infusion of gentian is valuable. If there be derangement of the stomach, it should be treated by ten-grain doses of subnitrate or carbonate of bismuth, with magnesia and tragacanth.—*Drug. Circ. & Chem. Gaz.*

**Ergotine in Hæmoptysis.**

The sovereign remedy against hæmoptysis is ergotine, says a foreign physician, which, as is well known, excites the vaso-constrictors. A solution in glycerine (1:10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited or has much cough, the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once, but in different places. In this way, the patient becoming quiet in mind and body, the ergotine has a better chance to act.—*Drug. Circ. & Chem. Gaz.*

### Therapeutic Action of Iodoform.

Dr. Moleschott (Wiener Medicin. Wochenschrift) states that he has used iodoform with good result in the treatment of exudation into the pleura, pericardium, and peritoneum, and of the acute hydrocephalus of children. He generally applied it in the form of ointment (one in fifteen of lard) or with elastic collodion (one in fifteen of collodion). Large glandular swellings were caused to disappear under the use of the iodized collodion. It was found useful as a means of assuaging pain in gout, neuralgia, and neuritis. Syphilitic myocarditis was cured by iodoform inunction, combined with the internal use of the drug in doses of from three fourths of a grain to a grain and a half daily. Iodoform appears to act like digitalis upon the heart, increasing the strength and reducing the frequency of its beats, and was hence used successfully in uncompensated valve-disease. Its action depends probably on its ready decomposition, by which the iodine in the nascent state is brought into action upon the tissues.—*Louisville Medical News*.

### Influence of the Piano In Affections of the Uterus.

Dr. Balestree terminates an article which he has published in the *Nice Medical* by saying that his meaning would be misunderstood if it were thought that he discountenanced music as a part of female education, or that he believed it to be the origin of uterine ailments. All he wishes to enforce is what observation has demonstrated to him—that in every nervous and impressionable woman who is suffering from affections of the uterus, music may provoke and aggravate congestions of this organ, and that in advising the patient concerning her hygienic management this fact should be borne in mind. Moderation in the practice of music and interruptions in its pursuit must be insisted upon while pursuing the ordinary measures of treatment; and by this means various accidents occurring during uterine affections will be obviated.—*Drug. Circ. & Chem. Gaz.*

### Atropine and Daturine.

The *Boston Journal of Chemistry* for August, 1878, says that in 1850 A. Von Planta asserted that atropine and daturine were identical. This assertion led to mischief, for the manufacture of atropia was soon begun from the leaves and seeds of the stramonium. Hence the uncertainty of certain specimens of atropine, for daturine has been found to be less active than atropine, and more uncertain in its action.

Schroff found in 1852 that the medical action of the two alkaloids was similar, but that the atropine was twice as powerful as the daturine. Erhard found that the crystalline forms of some of their salts were different in 1866. Recently Poehl has shown that atropine is optically inactive, while daturine turns polarized light to the left, its specific rotating power being 14.12 degrees. Platinic chloride precipitates the salts of atropine, but not those of daturine. Picric acid, on the contrary, precipitates daturine salts, but not those of atropine.—*Detroit Lancet*.

### Vomiting of Pregnancy.

*Bullet. de l'Ac. roy. de med. de Belgique—Lyon Medicale*, April 14, 1876.)—M. Lubelsky publishes a simple method for checking this functional derangement.

As soon as the first sensation of emesis is felt, or even the nausea, which commonly precedes it, M. Lubelsky orders the use of a douche of atomized ether (by Richardson's apparatus) to the epigastric region and the corresponding portion of the vertebral column. The douches should be continued from three to five minutes, or even longer, if the patient feels the better for it, and repeated every three hours. In bad cases, he alternates the use of ether with that of chloroform. According to the doctor, success is almost certain, and the relief immediate.

He adds, that with the same means, he has had considerable success in chorea, asthmatic attacks, and whooping-cough.—*Detroit Lan.*

### New Mode of Treating Varicocele.

I find the following simple procedure an efficient method of treating varicocele. Pass a long and strong hare-lip pin between the veins and the scrotal walls, bringing the point of the pin close beneath, but not through, the scrotum; then make the point retrace its course, but passing now behind the veins, until it emerges near the puncture through which it entered. In a word, by employing that form of acupressure known in the Aberdeen School as the method of retroclusion, a varicocele may be effectually compressed and the veins obliterated.—S. MESSENGER BRADLEY, Manchester.—*Brit. Med. Jour.*

### Treatment of Inflammation of the Bladder.

Dr. George Johnson has called attention to the happy effects produced in certain cases of cystitis by an exclusive milk diet. The milk is to be taken cold or tepid, and not more than a pint at a time to obviate curdling. Unskimmed milk is the best, as the cream lessens the tendency to constipation.—*Drug. Circ. & Chem. Gaz.*

## EDITORIAL.

### Paris Exposition.

Amongst the large collections shown in the United States department by Messrs. Tilden, of New York, occupying about one thousand bottles and illustrating all the indigenous crude drugs and their preparations, extracts figure prominently. Here, in the liquid extract, still another variety is met with, containing glycerin, which it will be remembered was introduced as a menstruum in the United States Pharmacopœia for 1873. Although a considerable quantity of these glycerin liquid extracts are now to be met with in this country, there are evident signs that in the United States their present form is not altogether regarded as satisfactory, and the attention of the revision committee engaged in preparing the new edition of the United States Pharmacopœia is especially directed to the whole subject of extracts. Professor Diehl, chairman of the sub-committee, having drawn up a scheme for the co-operation of pharmacists generally in carrying out an exhaustive series of experiments. Certain it is that a great deal of work in this direction will have to be done before it will be practicable to include the fluid extracts in an international pharmacopœia.—*New Remedies.*

### Bromo-Chloralum.

BY PROF. POLK, M. D.

The interest manifested in reference to this agent evinces that it possesses a high place among remedial agents and is recognized as one of the most important of our recent additions to the healing art. Notwithstanding the opposition it has encountered it has been tested by very many of our best and most conscientious physicians with very general satisfaction. As an injection in uterine diseases in which there existed offensive discharges, it has very often contributed a blessing in overcoming the odor and rendered loathsome and incurable diseases more endurable. In vaginal leucorrhœa, the result has been far better than anything else that I am acquainted with. I could easily cite a dozen cases which had defied the lead, iron, zinc and vegetable astringents, that became obedient to the persuasive influence of the Bromo-Chloralum. As an injection in gonorrhœa, both in the male and female, I have found it superior to all other injections, in fact in my hands it has superseded them. It can ever be used with freedom without the slightest degree of stricture. Recently I used it

in a case of congestive gleet, with perfect relief after the disease had defied external and internal medicines. As a lotion to obstinate chronic ulcers, it not only dissipates the disagreeable emanations, but excites healthy action and often induces granulation. As a disinfectant it is par excellence, without replacing the impure air with irritating and offensive emanations, it overcomes the noxious and perhaps poisonous effluvia, and leaves the atmosphere pure and wholesome. I find that when used in infectious diseases it modifies, when it fails to destroy entirely, the virus. In the treatment of Scarlatina this is very strongly evident. Every case contracted in an atmosphere subjected to the Bromo-Chloralum has been mild and not a single case has proved unfortunate.

### Bromo-Chloralum—Its Uses in the Lying-In-Room in Puerperal Fever.

BY DR. BASKERVILLE, HORN LAKE, MISS.

Called to see Mrs. S., aged 42,—mother of 7 children,—I attended her through rather a severe labor, she having suffered considerably from post partum hæmorrhage. Found her with considerable fever, somewhat delirious, great tenderness over the region of the uterus, the lochial discharge having almost ceased—and very offensive. I ordered the bedding to be sprinkled—*pro re nata*—with a solution of Bromo-Chloralum diluted to one-twentieth its natural strength, also stained napkins to be sprinkled with it as they were removed,—and cloths wrung out of the same solution to be suspended in the room.—Result:—purification of atmosphere, no fœtor at all on removal of napkins, and general satisfaction expressed by friends for its benign influence.

### Bromo-Chloralum.

Letter from DR. REBER, St. Louis.

Gentlemen—With your Bromo-Chloralum I have been quite successful, in every respect that I have tried it. As a disinfectant for general use it has *no equal*, being devoid of anything like a disagreeable odor; besides possessing no corrosive properties, so as to more or less destroy anything it comes in contact with, like nearly all other disinfectants do. As a gargle for sore throat, fetid breath, as a wash for the body—for abraded surfaces—unpleasantness about the feet, and for hardening soft and tender feet, beats all I ever used. The latter being one of my especial troubles (*soft and tender feet*), and it has cured me. Should at any time a change take place, the feet soften and become ten-

der, a few washings sets all right and generally lasts for a long time. In a case of "Elongated Uvula" when the patient had spent some 40 or 50 dollars with his physician, and to no advantage. I gave him a strong gargle of the Bromo-Chloralum with directions to use it four or five times a day—cured him in two days—and he has used it once since with like effect. First time he used it was about two years ago, then again last winter with result mentioned.

#### **Bromo-Chloralum in Varicose Ulcers.**

Extract from letter of A. J. SMITH, M. D., Tell City, Ind., Oct. 6, 1878.

"I have been using Bromo-Chloralum in a large number of Varicose Ulcers as a disinfectant, and I wish to state that I find it better than Carbolic Acid or any other disinfectant that I have employed. Its use has enabled me to cure cases of 18 years' standing."

Extract from letter of D. W. SHAFER, M. D., Hyde Park, Luzerne Co., Pa.

"I have used your Bromo-Chloralum in treatment of Cancer with perfect success. It is remarkably efficacious in destroying the offensive odor that always accompanies that disease."

#### **Fluid Extract Ergot.**

Gents:—My attention was recently called to your Fluid Extract of Ergot, prepared after the Formula of 1874. Your agent presented us a small quantity of it which I used in cases of Hæmoptysis and Post-partum Hæmorrhage, and with such happy results that I desire to communicate in part, the same to you.

In one case of post-partum hæmorrhage which threatened to be anxious, I had recourse to your Ext. Ergot, and found its contractile action upon the womb both prompt and eminently serviceable. Without Ergot of a reliable strength, this case no doubt would have proven exceedingly troublesome.

Again I have used it in several cases of Hæmoptysis, where its value has been unquestionable, and find it usually the one thing needed to give relief in a certain type of cases of menorrhagia and dysmenorrhœa, though in the two latter affections I ordinarily combine it with the Fluid Ext. of Hyoseyamus. For headache, especially from fullness of the cerebral vessels, and for restlessness at night, that peculiar insomnia, which often, it seems to me, depends upon erethism of the cerebral arteries, it acts like a potent charm giving the weary one refreshing sleep.

Excitable females whose minds are too active, and whose complaints of "wakeful nights" come so often to our ears—owe this nocturnal activity of the brain, often I think, to erethism of the cerebral vessels. These cases are easily distinguished by careful study, and the Ergot supplies a want that nothing else fills. The need of a standard reliable extract need not be suggested.

J. M.

#### **Fluid Extract of Ergot. "Formula of 1874."**

St. Charles, Mo., Oct. 1, 1878.

Gentlemen:—It affords me much pleasure to state that since its first introduction, I have prescribed and dispensed in my drug store, your Fluid Extract of Ergot, 'Formula 1874,' and have not only found it efficacious, but its action is so prompt and positive that I would not be without it. I therefore can cheerfully recommend it as the most reliable Fluid Extract of Ergot I have ever seen or used.

Yours Truly, T. L. RIVES, M. D.

Extract from letter of SAM'L OVERALL, M. D., St. Charles, Mo., Oct. 1, '78.

"I have been using your Fluid Extract of Ergot for some three years and find it reliable in every case."

#### **Elixir Iodo in Scrofula and Diseases of the Skin.**

Extract from letter of SAMUEL OVERALL, M. D., St. Charles, Mo., Oct. 1, 1878.

"I have been using your Elixir Iodo with marked benefit in a large number of Skin Diseases. I consider it one of the best remedies in all forms of Scrofula."

Extract from letter of J. F. WINSSELL, M. D., Battle Creek, Tehama Co., Cal.

"I have used the Iodo Bromide of Calcium Comp., with good results, also Bromo-Chloralum as a disinfectant. They fulfil all the purposes claimed them. Your preparations, are the only ones that give satisfaction to the medical profession here."

Extract from letter of J. F. FORMAN, M. D., Newport, Cooke Co., Tenn.

"I consider the Iodo Bromide of Calcium Comp., the best combination of remedial agents I have ever used. I have recently employed the Solution very much diluted, as an injection in an obstinate case of Gonorrhœa with remarkable success."



### An Ovarian Fibroid Tumor Treated with the Elixir Iodo.

DR. G. W. WHITNEY, of Jamestown, Chatauqua Co., N. Y.,—Writes that on the 18th of November, 1874, was called to see Mrs. W.—aged about 36 to 38 years. Mother of three children. On examination found a hard, non-elastic, somewhat lobulated tumor, two fissures easily distinguished across the edges. Patient very much emaciated; skin and tissue of the abdomen thin—could easily take the tumor in both hands and feel of it—would estimate the weight at 14 to 15 pounds; tumor had been some years growing. I advised an operation, (to which she would not consent, feeling confident at the time that in the low state of her condition, she would not be able to undergo the operation.) Not consenting, I advised her to take *Tilden's Elix. Iodo*, and to take it as long as she lived, and *never despair*. She took one bottle, and at the end of that time, it had slowly faded and disappeared to a small lump about the size of an hen's egg. She regained her health and flesh, and has so continued until this time. That it was an *Ovarian Fibroid* I have no doubt in the least. That it should disappear under the use of one bottle of the Elixir Iodo is marvelous. I have nothing more to say.

### Elixir Iodo with Hydrarg. Bichlor. in Syphilis.

Dr. KING, of Pa., writes: "The case I wrote you about, in which I am using Iodo with Hydrargyri, is coming out all right and the patient tells me that he feels like a new man."

Extract from letter of S. HATHAWAY, M. D., Berkly, Bristol Co., Mass.

"I have been using the Elixir Iodo Bromide of Calcium Comp. for two years, and it finds general favor with my patients. A thorough test of its curative power warrants me in saying that it fully deserves the warm encomiums so fully bestowed upon it."

Extract from letter of THOS. J. MILLER, M. D., Newtown, Stephensburg, Frederick Co., Va., Oct. 18, 1878.

"I have used the Elixir Iodo, Firwein, and Bromo-Chloralum very extensively in my practice, and find them admirably adapted to the various purposes they are intended for. I can cheerfully commend them to the favor of the profession."

### Firwein in Catarrh of the Bladder, and in Purpura Hæmorrhagica.

Extract from letter of DAVID RICE, M. D., Leverett, Mass., Oct. 5th, 1878.

"I have used Firwein in a serious case of Catarrh of the bladder, and bleeding from the gums in a case of Purpura Hæmorrhagica. After trying per-nitrate of iron and tannin without success one day's treatment with the Firwein completely cured the case. It possesses marked diuretic power, quadrupling the flow of urine. I was positively surprised by the rapidity with which relief followed its use. My patient had lost so much blood that to use an old saying she was "pale as death." The medical profession should be very grateful to you for providing them with such a valuable and reliable medicinal agent."

### Remarks on Tinctures Containing Alkaloids Made by Percolation.

Having had occasion to examine critically various preparations containing alkaloids, my attention has, from the variation of alkaloid present, been called to the method by which these different articles were prepared, and I have been forced to the conclusion, that for the most part it was due to defective percolation and manipulation, more than to any great variation of the amount of alkaloid in the plant. It is true that all plants vary in amount of active principle, dependent upon the season, climate, place of growth, soil &c, but to provide for these contingencies in my experiments I have taken an average of several years as a standard.

To illustrate, one ounce of Conium was thoroughly exhausted so that a portion upon being tested by Mayer's method, gave no alkaloid reaction; after this perfect exhaustion, the tincture was then treated by this formula for precipitating alkaloids and the weight in grains noted of the standard test solution it required to precipitate all the alkaloid present, in all amounting to 496 grains. In some specimens I found it took 520 grs. the highest, and in others as low as 248 grs.—but the average of the best herb can be safely assumed to be fully 500 grains.

Having procured some samples of Tincture Conium from several leading Pharmacutists in the cities of New York and Philadelphia, upon examination I found the relative strength to be as follows 29, 30, 20, 26, 24, 18, making an average of 25 grains of the test solution to precipitate all the alkaloid in one ounce of the tincture, now this result multiplied by eight will show the difference of alkaloid, when compared with the herb as above

tested, showing a deficiency of over one-half of the active principle.

This great variation led me to further investigate the formula of the Pharmacœpia. I made a tincture in accordance with the Pharmacopœia, and observed the precise manipulation in every particular. Upon testing it as before I found 80 grains of the solution would precipitate all the alkaloid contained in one ounce, thus showing that the tinctures purchased were of fair average strength, as usually made. Regarding the process defective, I continued the percolation with the menstruum (diluted alcohol) until it was completely exhausted of all alkaloid, this was then concentrated at a temperature of 100 degrees and mixed with the first tincture and again tested, when I obtained the amount of alkaloid, which one ounce of the herb had before given me.

Supposing perhaps that some of the recently suggested modes of percolation would give better results, I made a tincture of Conium from the same herb, using as a menstruum one part glycerine, one part water and two parts alcohol, following the plan of percolation as proposed by Mr. Campbell, in the preparation of Fluid Extracts, as follows; two ounces conium in powder was moistened with the menstruum and packed in a conical percolator with the outlet corked up, and the balance of the menstruum (one pint in all) poured over it, this was allowed to stand for four days, the cork was then removed, and one pint of tincture percolated by means of diluted alcohol. One fluid ounce of this tincture was tested as before and required 28.5 grains of the solution to precipitate all the alkaloid—the percolation was continued until completely exhausted, concentrated as before and mixed with the previous tincture in proper proportions. One ounce of this tested gave the full average amount of alkaloid.

These experiments satisfied me that the crude material containing alkaloids cannot be completely exhausted by a limited quantity of the menstruum as required, that to do so requires at least double the quantity, and that to obtain a true representation of the active principle in the tincture it must be thoroughly exhausted and evaporated. It also shows that Glycerine is of little value as a solvent for alkaloids over the usual menstruum.

These experiments have been applied to other narcotics to which I shall refer at another time. I regard Mayer's method as superior to any I have ever tried, but it has complications which only patience, long experience and observation will overcome.

J. A. M.

### Conium.

In my last communication I gave my experiments with Conium. I now propose to give you each narcotic, and for this article will consider Belladonna. Sixteen ounces troy of Belladonna leaves were treated with alcohol at 60° until thoroughly exhausted, so that upon being tested it gave no reaction for alkaloid, and the percolate was evaporated at a low temperature to sixteen fluid ounces. One fluid ounce was then examined for alkaloid and I found it required 528 grs. of test solution to percolate all the alkaloid in one fluid ounce. I have found some herbs to test as high as 540 grs. and others below, so that 500 to 525 grs. can be required as a standard quantity necessary to throw down the alkaloid in one ounce of good Belladonna herb.

I then took two ounces of the same herb and exhausted it according to the Pharmacopœia for tincture, obeying in every particular its requirements. Upon testing one ounce of the tincture thus obtained, I found 40 grs. would precipitate all the alkaloid present. It will be observed that it took 528 grs. for one ounce which had been thoroughly exhausted, this would call for 66 grs. in one ounce of tincture, thus showing the tincture to be only equal to 60 per cent. of the herb.

I examined seven samples of tinctures obtained from New York and Philadelphia, and found their relative strength to be 48, 42, 40, 40, 35, 41, and 37, making an average of forty and three-seventh grains, this multiplied by eight, shows a deficiency of forty per cent., due to the defect in percolation.

Pursuing the experiment further, I took 16 ounces troy of the same herb and treated it with glycerine 4 ounces, water 4 ounces, alcohol, 85 per cent., 8 ounces; this was macerated for four days and then percolated until sixteen fluid ounces were obtained. One fluid ounce of this was tested and it required only 336 grs. of the solution to precipitate all the alkaloid. The percolation was continued with diluted alcohol until completely exhausted, and the tincture was evaporated at a low temperature to 16 fluid ounces. One fluid ounce of this required 180 grains of test solution to percolate the alkaloid, and thus showing that over thirty-five per cent. had been left behind.

I then examined eighteen different Fluid Extracts of Belladonna of different manufactures; found the relative strength to be 220, 190, 80, 210, 290, 368, 283, 284, 180, 167, 116, 180, 270, 404, 340, 92, 262, and 410. Those containing Glycerine being 286, 274, 180, and 80. It will be observed that the highest is deficient nearly twenty-five per cent. in active principle, compared with the plant.

This great variation is due in part to defective percolation, as well as a variation in the quality of the herb.—J. A. M.

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AND NEW REMEDIES.

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Clinical Lecture on Uterine Fibroids.

DELIVERED BY

T. GAILLARD THOMAS, M. D.,

PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN  
AND CHILDREN IN THE COLLEGE OF PHYSICIANS AND  
SURGEONS, NEW YORK.

Gentlemen:—The first patient whom I present to you to-day is Margaret C., a native of Ireland, thirty seven years of age, and unmarried. She comes to us with a very interesting ailment, and as she is unwilling to give the history of it in public, I will run briefly over it for you as she related it to me in my private room. Eighteen months ago, having previously enjoyed good health, she was taken with a violent uterine hæmorrhage, without any assignable cause. It has never ceased up to the present time, except for very brief periods, and almost all the other symptoms from which she is suffering, and which will be mentioned presently, are referred to this long continued loss of blood. As previous to the first appearance of the hemorrhage she had subjected herself to the risk of utero-gestation, she has gotten the idea that she is pregnant, and that the flow is due to the retention of the foetus in the uterus. Indeed, she declares that a physician distinctly told her that this was the case. This belief has naturally caused her a very great amount of mental suffering, and so much has she worried over the matter that she has become almost a hypochondriac in consequence. At present I find that her pulse is 120, and though it is, no doubt, somewhat excited by coming before you, it is probably never below 100. This is because her blood has become so impoverished by the constant drain upon the system, that the heart has to act much more frequently than it ought normally to do. She is very anæmic in appearance, and there is a systolic murmur at the base of the heart.

Suppose, now, that, instead of coming here, this patient had presented herself at your office, what would have been the suggestions which would have presented themselves to

your mind as accounting for the symptoms which are given? As the woman is thirty-seven years of age, one of the first ideas to occur might be that she was approaching the "change of life," and that the flowing was probably in consequence of this. But you must never take any such thing for granted; and in connection with the menopause it is well to remember that the irregularities incidental to that period are not nearly so marked as in this case. You should, therefore, insist on a physical examination before expressing any opinion whatever upon it.

Accordingly, with the view of finding out, if possible, the cause of this long-continued flooding, I proposed an examination to the patient, but found it somewhat difficult to make on account of her peculiarly excitable condition. The woman being placed upon her back, when I passed my fingers into the vagina I at once felt quite a large mass protruding from the os uteri, which seemed globular in outline, and was altogether too hard for any product of conception. I felt confident that it could be only one of two things: what I show you in this model (a fibroid projecting from the mouth of the uterus), or what I show you in this one (an inverted uterus). Now let us suppose that you were practising in some remote district, where it was impossible for you to call into consultation any expert in such matters, and this case should come into your hands. It would be very important for you to be able to decide which of these two conditions was present, so that you might know whether to remove the mass or not; and the question naturally arises whether it would be possible for you to determine the matter with absolute certainty. I do not hesitate to say with the greatest confidence that it would; and I will show you in what manner it could be done. In the first place, one is not able to make out the character of the mass by grasping it with the fingers. Some authorities have declared that an anæsthetic should never be given when you are about to remove a fibroid, on account of the value of the sensations of the patient in a diagnostic point of

view. I am quite sure that all manipulations would in our nervous patient cause an outcry which would render this means of diagnosis very unreliable. How then shall we settle the diagnosis? The method that I employed in the examining-room was as follows: I first resorted to conjoined manipulation, the patient still lying upon her back. Now, by this means we ought to find simply a vacant space in the ordinary position of the uterus, in case the organ is inverted; but, instead of that, I could distinctly make out a firm solid body in this situation. Next, I placed the woman upon the side, in Sim's position, and, after the adjustment of the speculum, endeavored to introduce the "terine sound." I had no difficulty in slipping it around past the tumor into a cavity, which there could be no doubt was the cavity of the uterus, to the extent of two and a half inches, and in the normal curve of the organ. Furthermore, I rocked the sound backward and forward while it was still in the cavity, and placing my disengaged hand upon the abdomen, I could very plainly feel the fundus moving under it. Then, finally, in order to make assurance doubly sure, I passed the sound into the bladder, and, introducing the forefinger of my other hand into the rectum, I could again feel the same hard mass between them which I had detected on conjoined manipulation; while, if the uterus had been inverted, the end of the sound would have been separated from the finger only by the walls of the bladder and rectum. If you were so situated as I have intimated, and had obtained those results by your examination, you could be perfectly certain that you had a fibroid, and not an inverted uterus, to deal with, and need feel no hesitancy about operating.

Now as to the operation demanded here; what is the best method of performing it? As the patient lives in a remote part of the city, and is furthermore not altogether in a normal mental condition, I should not be at all willing to run the risk of operation at the clinic, unless I should put in a very firm tampon before sending her away, and could feel sure that she had some reliable physician to look after her when she had returned home. I want her to enter my service at the Woman's Hospital, so that I can operate under the most favorable circumstances; but she expresses herself as being entirely unwilling to go into the institution. I fear, therefore, that she will pass from our notice, and that these profuse hemorrhages will go on, and perhaps increase, until she will finally succumb to them. The method which I should adopt is this: I would place the patient on the side, and having introduced the speculum, seize and make

moderate traction upon the fibroid by means of a pair of vulsellum forceps. Then with a spoon made of steel, nickel-plated or covered with silver, and having a serrated edge, which I have described under the name of the "serrated scoop," and which I have found exceedingly useful in such operations, I would cut through the attachments of the tumor, completely severing it at the base. The separation is accomplished with the greatest rapidity and ease in this manner, and such a sawing movement is not accompanied by much hemorrhage, for the reason that the vessels are so much bruised during their division.

This instrument is especially adapted for the removal of fibroids with very large bases, and several times I have been able to accomplish this successfully by it in cases where I had previously failed by other means.

#### INTERSTITIAL FIBROID.

Our next patient to-day is Mrs. Catherine F., a native of the United States, and thirty-nine years of age. She tells us that she has been married twice, but that she has never had either any children or miscarriages. She was first married twenty years ago, and her husband lived for five years. After his death she remained a widow for two years, when she married again, and since then has continued to live with the second husband up to the present time. It is not on account of sterility however, that she now comes to us for advice. This is the history which she gives of the trouble of which she complains: She says that for the last four or five years she has suffered from a feeling of heaviness and distress, accompanied by bearing down pain, across the lower part of the abdomen, and that just about a year ago she was taken with a severe flooding, which was accompanied and followed by much more severe pain than she had been accustomed to feel, together with some febrile reaction. For a time she was confined to her bed and was attended by a physician, who told her that she had "an abscess about the womb," and at last recommended that she should go into a hospital. Accordingly, she did this, and remained there for a month, when it proved that she had not an abscess, though the medical men in attendance were at one time on the point of operating upon her. When I ask her from what she is suffering at the present time, she tells me that she has constant pain, and every two weeks a severe flooding, while dyspareunia is also a prominent symptom.

Now, gentlemen, here is a very clear history indeed of a certain set of symptoms, of which the patient comes to us to be relieved. In the first place (and this is by far the most important feature of the case), she is almost

bleeding to death. A short time ago, as I had occasion to remark at a previous lecture, a gynecologist of the highest reputation was arguing with me that there really should be no difference in meaning between the terms metrorrhagia and menorrhagia. Now, who is willing to call the hemorrhage in this case menorrhagia, a term that is defined as a too free flow at the time of the menstrual period? The excessive discharge here is not at the menstrual periods; or, at least, is not confined to them. What woman ever really menstruates every two weeks? Yet this patient has a uterine hemorrhage regularly at this interval.

There is not infrequently a certain periodicity about such hemorrhages, as in the present instance, which is analogous to the periodical epistaxis from which some individuals suffer; and one writer has suggested that it should be called *metrostaxis*.

Metrorrhagia, then, is one of the symptoms of which the patient complains. Violent pain is another, and dyspareunia is a third. These are the most prominent ones, and they are all due to some abnormal condition referable to the pelvic organs. There are plenty of other symptoms present in the case; but they are of minor importance, and we need not concern ourselves about them just now.

The examination *per vaginam* is a very striking one in this case; and, curiously enough, the condition which I detected on making it is exactly represented, as regards the size and shape of the uterus, by this manikin uterus which I show you. You see there an interstitial fibroid, as large as an egg, in the anterior portion of the uterus. No doubt you will remember that when I was speaking recently of the various causes of dyspareunia, I mentioned sensitive fibroid among them. I would not have you forget, however, that, as a general rule, fibroids are not at all tender. But there are occasional exceptions, of which this is one; and I will now explain to you why this is so. When I first inserted my finger into the vagina, I was not able to reach the os uteri at all, and did not succeed until I had introduced two fingers, by which means I was enabled to get further up. I then found that the cervix, which pointed backward, was so firmly fixed that it was altogether immovable; and the effort to draw it forward caused the patient excessive pain. Again, when I resorted to conjoined manipulation, the pressure upon the uterus occasioned her such agony that she almost jumped off of the table. I was quite at a loss how to account for this state of affairs until I had heard the history of the acute inflammatory attack which has been mentioned as having occurred a year ago, and then the whole thing was perfectly clear to my mind.

You remember that the patient told us that her medical attendant apprehended an abscess about the womb, and that when she went into the hospital the surgeons there thought seriously of opening the so-called abscess; perhaps they had become converts to the new doctrine, which now seems to be getting extensively circulated, viz., that whenever the presence of pus is detected in any part of the pelvis, you should endeavor to evacuate it. I feel very sure that if, with this design in view, you go probing around in the pelvis in search of pus, you will be exceedingly apt to get yourself into such difficulties that you will regret very sincerely having ever adopted any such rule. I do not wish to be misunderstood on this point, however, for, of course, there are many cases in which it is not only justifiable, but imperatively necessary, to open pelvic abscesses; but in every instance we should be guided by the peculiar circumstances of the case.

Well, what occurred at the time of the acute attack a twelvemonth since? The patient undoubtedly suffered from pelvic cellulitis or peritonitis, or perhaps both. The attending physician was no doubt right in apprehending an abscess, but the affection did not progress to the third stage. Now the fibroid was undoubtedly the cause of the attack. At this time it had probably been growing for a considerable period, and at length its increasing weight gradually caused anteversion of the uterus, and gave rise to so much irritation in the pelvis that the above serious results followed. But why this bearing-down pain of which the patient complains? Because the system is offended by the malposition of the uterus. On account of this and the pressure of the fibroid, the organ is kept constantly in a state of marked congestion, the engorgement, of course, being increased at the menstrual periods, and hence the metrorrhagia which is so prominent a symptom of the case. As I have said, this is a fibroid of the interstitial variety. That from which the last patient was suffering was undoubtedly of the same character originally. Being situated nearer the mucous than the serous lining of the uterus, it was gradually forced into the cavity of the latter by the contractile efforts of the organ, and finally was driven completely out of the cervix, when it became a fibrous polypus.

In regard to treatment, I may remark, in the first place, that absolutely nothing should be done in the way of local measures. It would be utterly useless; and if the woman were the private patient of any one of you, the best result that could possibly follow from such a physical examination as has now been

made, would be for you to find that you know sufficiently about her case to keep your hands off of her, and let her alone entirely. If you should not have learned this from your examination, you would be a very dangerous medical attendant for her. As it is, I feel quite sure that one of the principal dangers to which she is exposed is from some of the various physicians whom she will be apt to consult because we are able to do so little for her. Perhaps you may ask, "Is nothing to be done for a woman who is suffering as she is?" Yes, I would reply, a good deal in the way of general management, but that is absolutely all; for any local treatment whatever would be extremely hazardous in this case. Indeed, I would not care to repeat even such an examination as I have made, for fear of lighting up anew some inflammatory trouble in the pelvis. I would recommend that the patient should have complete rest in bed, not only at the menstrual periods, but at all other times when there seems to be a tendency to hemorrhage; while at the same time she should avoid warm drinks and everything else that has any effect in the way of inducing it. She should also take the ordinary astringent remedies, such as tannic acid, the acetate of lead, and sulphuric acid; and it will be found as a result of this treatment, that her system will be greatly recuperated by the controlling of the hemorrhage.

Furthermore, in order to repair the ravages made by the drain upon her strength, she should have a very nutritious diet and take certain tonics, though carefully avoiding iron and quinine. I am pretty sure that if I were to call upon those present to prescribe for this patient, twenty-five per cent. of you, at least, would order these two remedies. It is not very long since I had occasion to speak of this point before, but I deem it one of such great practical importance that I do not think any apology is necessary for alluding to it again. Acting upon the views which I now hold, and which are based strictly on experience, I should certainly say, give her quinine and iron, if it is desirable to increase the menstrual discharge, but not otherwise. It is true that she really needs both drugs for the building up of her system. But quinine has a distinct action upon the uterus, which entitles it to a place upon our list of parturifacients. Not that I believe that it originates uterine contraction *de novo*, and is, therefore, capable of bringing on abortion when administered to pregnant women, but I am quite sure that when the uterus has once commenced to contract, that action is materially increased by quinine. Then, on the other hand, iron is one of the best emmenagogues; and I have over

and over again seen the most happy results from the exhibition of these two remedies in combination in cases of amenorrhœa. But there are plenty of other good tonics besides these; and so we are able to dispense with them. Finally, on account of the excessive pain which the patient suffers from intercourse, she should remain altogether *absque marito*.

#### SUBPERITONEAL FIBROIDS.

The last patient who will engage our attention to day is Mrs. Ann F., a native of Germany, and forty-four years of age. She has had eight children, but no miscarriages, and has been a widow for the last ten years. By a very few questions we shall be able to get from the patient all the history that it is requisite for us to obtain in the case. How long have you been complaining Mrs. F.? Answer: "Five years." What was the first thing that you noticed? "Pain on the right side pretty low down." Was it very severe? "Not very." Do you have it up to the present time? "Sometimes." Is there anything else that troubles you? "Cramps in the bowels occasionally." Anything else? "I have been growing larger all the time." Is this enlargement greater on one side than on the other? "Yes on the right side." Do you have your monthly periods regularly? "Yes." You see, gentlemen, that the patient looks like a perfectly healthy person, though she has the appearance of a woman at about the eighth month of utero-gestation. The latter fact is due to the presence in the abdomen of a multilobar tumor twice as large as one's head. It is not solitary, however, for there is another one below it of the size of a cocoanut, and still others again beside that; and I find that they are all connected with the uterus. A vaginal examination shows that there is a very large mass rising from the anterior surface of the uterus, and connected with it are two or three smaller tumors, about the size of duck's eggs, while the sound is found to pass seven and a half inches into the cavity of the uterus. Is there any doubt about the diagnosis in this case? Not the slightest. These tumors are like masses of ivory, there being no part of any of them where there is any suspicion of fluid. In such cases, however, there very often is, and then we have to resort to the aspirator as a means of diagnosis. But why might not these fibroids be a solid tumor of the ovary? In the first place, such tumors are exceedingly rare, and some specimens which may be seen in museums so labeled are in reality only uterine tumors, the ovary having altogether disappeared on account of the pressure exerted upon it. But there is such a thing, notwithstanding, and I have seen one

case of it myself—the tumor weighing some ten or twelve pounds. Secondly, because the sound passes seven and a half inches into the cavity of the uterus; while if it were an ovarian tumor, the cavity would probably measure only two and a half or three inches. Then another collateral proof can be obtained by rocking the uterus backward and forward, by means of the sound, when it is found that the whole mass moves with it. This is not a conclusive test, but, taken in connection with the other points, is of very considerable value as corroborative evidence.

Now what has been the history of this case? These tumors originally became developed in the parenchyma of the uterus, near its peritoneal surface, and were no doubt at an early period, extruded and forced up under the peritoneum. They are unattended with hemorrhage, because they are neither submucous or interstitial in character. By a strange coincidence I have been enabled to show you to-day all three of the varieties of fibroid tumor: the submucous (which in the case that you saw had become a fibrous polypus), the interstitial, and now the subserous or subperitoneal.

The prognosis in this particular case is altogether most favorable; unless the patient should happen to fall into the hands of some one who would be rash enough to attempt to remove the fibroids by operation. If this were done here, the chances are all that the uterus would have to come out also, and that the patient would almost certainly die within twenty-four or forty-eight hours; so that, under the present circumstances, I should consider such a procedure as positively criminal. But perhaps you may ask me if I would let this woman die rather than undertake such an operation. Certainly not. If her life were in danger, and I thought that by so doing I could give her a better chance of surviving, I would extirpate both the uterus and ovaries. But there is no such danger here, nor is there likely to be.

If the case is not interfered with in this way, I do not see why our patient should not live to an advanced age. She has no menorrhagia or metrorrhagia, and is, no doubt, quite as healthy as you or I. It is true that she has a somewhat uncomfortable weight to carry around upon her person; but an important thing to remember in connection with this case is that the menopause will probably soon occur. Have you ever reflected upon the fact that these tumors receive their nourishment through the uterus alone, sustaining, in this respect, the same relation to it that the mistletoe does to the oak? After the menopause, the uterus will become a very insignif-

icant organ, shrinking so much that its cavity, instead of measuring seven and a half inches, will be only two and a half inches, or even less, in depth. These tumors necessarily, therefore, will also become more or less shriveled, and it is altogether probable that some of them may undergo calcareous degeneration.

If, before the change of life occurs, they should grow very rapidly, and give rise to trouble which does not now exist, it might possibly be necessary to operate; but such a turn of affairs is exceedingly unlikely to take place. Occasionally, such growths become so large that it is absolutely necessary to remove them. Some time ago a poor woman came under my care who was suffering from a fibroid which weighed no less than fifty pounds. She was extremely anxious to have the tumor removed, but I acquainted her with the extreme danger that would attend the operation, and strongly urged her not to have anything done to it. At the end of a year she came back again, and the tumor had now increased to so great an extent that I admitted the patient to my service at the Woman's Hospital. On a consultation with my colleagues there, I found that they were all in favor of the operation, and, under the circumstances (especially as the woman was more desirous than ever to have it done), I was perfectly willing to undertake it. The tumor was excised quite readily; but in about forty-eight hours afterward, as is not unfrequently the case when the uterus is removed, the patient died. I would have you understand, therefore, that I do not hesitate in the slightest to operate in any case in which I think the patient's chances would be better under the knife than if she were let alone.

The medical man who has been attending the case tells me that in his opinion the fibroids have not increased very much in size during the past year. If the patient were younger, I certainly would not be willing to talk so confidently in regard to the case; but the menopause cannot now be far distant, and when that occurs, there will be little danger of any further trouble. Not that the fibrous masses will disappear as a result of that. They will still remain, but they must necessarily become greatly diminished in size. The only indication for treatment at present, then, is to keep the patient's general system in the best possible condition; and here is a case in which iron and quinine can, no doubt, be given with great benefit. There is no hemorrhage now, nor are these remedies at all likely to give rise to any. A person whose bowels are in a healthy condition can drink beef-tea with impunity, but if there is diarrhoea present, it would be greatly aggravated by it;



and the action of the quinine and iron upon the uterus is somewhat analogous. In conclusion, we find that the patient herself is, very sensibly, opposed to having any operation performed.—*Medical Record*.

### Preliminary Report on Materia Medica.

BY W. P. GIBBONS, M. D., CHAIRMAN OF THE  
SECTION OF MATERIA MEDICA AND THERAPEUTICS

[Read before the Alameda County Medical Association.]

Under the caption of "California's New Remedies," the Philadelphia *Druggist and Chemist* treats its readers with a paper of which the following is a portion :

"The *Yerba Santa*, a native of this State, was first used as a therapeutic agent by Dr. J. H. Bundy, of California. It is an excellent expectorant and diuretic, peculiarly efficacious in laryngeal and bronchial troubles. It is thought that this drug has no superior, if an equal, in these affections.

"The *Berberis Aquifolium*, another California drug, was also first introduced into therapeutics by Dr. Bundy, who pronounced it an unfailing remedy in scrofulous and kindred diseases when they are amenable to remedies. It combines cathartic, tonic, diuretic, diaphoretic and alterative qualities. As an anti-malarial agent it is thought to be superior to quinine. Dr. Hastings of Los Angeles has reported most favorably upon its action in certain constitutional diseases.

"The *Cascara Sagrada*, indigenous to California, is held to be one of the most valuable of the recent additions to our *Materia Medica*, being of very great efficacy in dyspepsia and similar affections.

"The *Yerba Reuma*, one of the latest remedies brought forward, has also been introduced as a therapeutic agent by Dr. Bundy. He has found it a most effective remedy in chronic catarrh and all diseases of the mucous membranes. Mention is made of a case in which it was used for a catarrh of ten years standing, to which other remedies brought no relief, but which has been greatly benefited by this drug.

"The *Grindelia Robusta* is called 'California's last, best gift.' It is a valuable remedy in asthma and other bronchial affections. In 1866 Dr. W. O. Ayres, of California, first brought this drug prominently before the profession. Mention is made of its efficacy in a case of chronic bronchitis, complicated with asthma. Given at the beginning of a paroxysm of asthma, it often affords immediate relief."

The circulation of the foregoing statements through the channel of respectable journalism, and under cover of science, reflects no credit either on the honesty or intelligence of the author of them. I propose to correct them by giving a brief sketch of the plants named.

1. *Eriodictyon glutinosum*, Benth. Yerba Santa. Extensively diffused over the Coast Range and Sierra foot-hills.

This shrub is known as being among the oldest used in domestic medicine by the Spanish population of California. It has always been considered by them of great value in pulmonary diseases and affections of the throat. They regard it as a specific in rheumatism, and it also possesses slight diuretic properties. The writer has used it in practice for the past eighteen years, but he does not consider that its therapeutic value is accurately established. Dr. Saxe, of Santa Clara, has also used it in many cases with good results. He brought it before the attention of the profession at the annual meeting of the State Medical Society in 1871. The plant may be considered as still on trial and worthy of notice, but without sufficient character to entitle it to a place in the pharmacopœia. Like some others which grow by the wayside, it fell into the hands of pharmaceutical Samaritans some years ago, who humanely made it the basis of a nostrum which will cure all forms of disease, at a dollar a bottle. The claim set up by Dr. Bundy of having introduced it is entirely without foundation in truth.

2. *Berberis*. Barberry. This genus is very old, and its name is of uncertain origin. It is mentioned by Brunsfelsius in 1530, by Matthioli, in 1548, under the name of *Crespinus*, and by other old botanists. Its medical virtues are co-existent with its name. In a pharmacopœia published by Dr. Johannes Schroderi, nearly two hundred years ago, its medical properties are thus described : "*Refrigerant et humectant : partium tenuium astringant : appetitum excitant : roberant ventriculum ac Epas.*"

*Berberis vulgaris*, of Linneus, is a native of England. It is recognized in the old English dispensatories ; its berries and the bark of the stem and root being the parts used. The plant is still officinal, holding a secondary place in the U. S. Dispensatory. Its recognized properties correspond with those of its old history. Its active principle consists in the presence of *Berberin* or *Berberina*, an alkaloid first discovered in 1835, by Chevalier Pelletau in a species of *Xanthoxylum*. This alkaloid was subsequently found by Buchner and Herberger in the *Berberis*, and in numerous other plants by different chemists.

*Berberis aquifolium*, one of four species

found in California, was described by Pursh, in his N. A. Botany, under the name of *Mahonia*, in memory of Bernard McMahon, an ardent cultivator of botany, who introduced many useful and ornamental plants into the United States. The seeds were obtained from fruit collected on the Rocky Mountains by Gov. Lewis, and successfully cultivated as an ornamental shrub in the eastern States. This species is common in northern California, extending into Oregon, where it is known as Oregon grape. The nostrum-taking population has long been accustomed to a preparation partly made of this, and put on the market by one of our druggists.

The *B. pinnata* ranges from Shasta southward, and to New Mexico, and is probably the plant referred to by Bundy.

3. *Cascara sagrada*. There is no such plant known to any botanist on the Pacific coast. Dr. Bundy says: "In presenting this paper on cascara sagrada as almost a *specific* in that most frequent and subtle malady—constipation, it will be necessary for me to refer to the causes of it, and reason how this agent is curative in that direction. A description of the cascara I am unable to give at this time, but suffice it to say that it is a shrub, and in due time its botanical name will be known. I combine it, in hepatic troubles, with *nux vomica* in proper doses, also with nit. hydrochl. acid dil., in suitable quantities, but more generally give it alone."\*

The above extracts are given to show the amount of intelligence and literary power which this pretender is able to infuse into his therapeutical researches.

In August last I received a note, accompanied with some specimens of bark from Mr. G. C. Lloyd, of Cincinnati, who is connected with a wholesale drug store in that city, in which he states that he was sure that the enclosed bark was the article sold as *Cascara Sagrada*, and that it had been sent to him as the *Rhamnus Persica*. Here then, is a key to this wonderful unknown plant, though there is no such species of *Rhamnus* in the United States or elsewhere, that I know of. Mr. Lloyd's correspondent intended, probably, to designate the *R. Purshiana*, D. C., one of four species found in California, in Mendocino county and northward.

*R. Crocea*, Nutt., is a diminutive species, whose ripe, red berries are eaten by the Indians, and which are said to impart a red tinge to their veins, by the deposition of a coloring matter.

*R. Alnifolia*, L'Her., is also a small shrub, found in Sierra county and northward.

*R. Californicus*, Esh., which grows from

six to eighteen feet high, generally in clumps, is found abundantly diffused on the foot-hills and in shady valleys. It obtained some notoriety a few years ago, by some quidnuncs endeavoring to prove that it was a true species of native coffee.

The *Rhamnus*, or Buckthorn, is one of the oldest genera of plants, having been described by Dodeous and other botanists, under its present name, more than three hundred years ago, and known long previous to that date as a medicinal plant used in dropsy as a hydragogue cathartic, and in rheumatism and gout. The ancient pharmacopœias regarded it as an active cathartic, and as such it has held its reputation to the present time. The Edinburgh College recognized the berries, and the London College the juice of the fruit. The plant is not official in the United States, being excluded on account of producing nausea and severe griping, with much thirst and dryness of the mouth and throat. In Germany the bark is used as a cathartic.

*R. Californicus* was tested in this State more than fifteen years ago, by Dr. A. Kellogg, who prepared a syrup from the ripe berries, which he reported as having similar properties, and a milder action on the system than the foreign species. He published a description, with a drawing of the plant, and recorded the results of his trials. Other members of the profession have given it some attention but no valuable results have thus far been elicited. Dr. Bundy thus publishes his wonderful discovery made three hundred years and more before he was born. What may the world expect from him before he dies?

4. *Yerba Reuma*.—This is the Spanish name of the last plant which has been brought out as a new remedy under the indefatigable efforts of our learned "doctor." For he tells us, "after years and months of careful study and investigation, and I may say toil, for there is no little labor in the careful investigation of an unknown drug, to exactly determine its use in medicine, from the fact that it can only be done by taking and giving, and noting its action on every system—the nervous, cerebro-spinal, and ganglionic, and the functions as a whole over which these symptoms preside, and so satisfactorily determine their action. With no little pride do I look over the list: Yerba Santa, Grindelia Robusta, Berberis Aquifolium, Cascara Sagrada, and the last in order, Yerba Reuma, and I feel that my efforts in this direction have not been in vain."\* Beautiful peroration!

He tells us the Yerba Reuma is a plant, herbaceous, growing near the foot-hills, and it contains largely chloride of sodium and a

\*Vid. New Preparations, Dec. 6, Jan. 1878.

\*New Preparations, Jan. 1878.

peculiar astringent. This is all the history of the plant which he gives—perhaps he tells all he knows, and more. In communication with Mr. Lloyd, of Cincinnati, he inclosed me a specimen of grass which he says is the article put upon that market as Yerba Reuma. It is *Bryzopyrum Spicatum*, of Hooker, which covers every sand-beach and marsh along this coast. Mr. Lloyd also states that all [?] the articles included in Bundy's foregoing list have been put upon the market (in extract form) under the names he gave. "I thought them deceptions, and now I am sure they were given to the bushes and grass I send."

No comment is necessary here. There is yet another plant which this reputed doctor claims as one of his trophies, its value being discovered after "years and months" of toil—*Grindelia Squarrosa*. Perhaps it was well to conclude the printed list with a short notice of *Grindelia Robusta*, in order to give an air of respectability to the others. But *G. squarrosa* is only alluded to as what it is not, a fixed fact. Such a plant is described in "Torrey & Gray's Botany," but in the new California flora of Dr. Gray it is omitted from the list because it was not a good species. It is to be presumed this will make no difference with the doctor's marketable extracts; he can find or invent some Spanish name for his extract, and no other loss will ensue but the cost of printing new labels and the labor incurred in "giving and taking."

It is not agreeable to deal in personalities. But where quackery and ignorance make such bold pretensions as are contained in this paper, under the guise of an M. D.; when the *Philadelphia Druggist and Chemist* reprints such worthless bombast under the head of California's New Remedies; when this is recopied by a California medical journal, edited by two "professors in the medical department of the State University," and copied over again by one of the leading journals of San Francisco, it is due to the medical profession in California and elsewhere, that the fact should be known that "J. H. Bundy, M. D.," is not a member of the regular profession, and is apparently getting ready to flood the market with a new series of quack preparations under the name of California's New Remedies.—*Pacific Medical & Surgical Journal*.

### Bromo-Hydrate of Quinine as an Anti-Pyretic.

Esquerdo and Cahis (*Independ. Méd. and Courrier Méd.*) found this salt reduce the temperature in typhoid fever 4 to 6 degrees (F.), given in doses of 50 to 70 centigrammes (7 to 10 grs.). It has also been used in phthisis.—*The Doctor*.

For Journal Materia Medica.

### Macrotys Racemosa.

BY SILAS C. TURNBO, M. D., PROTEM, TANEY CO., MISSOURI.

Some of the medical profession claim that this is a specific for rheumatism, and that nothing else can equal it as a curative agent in this complaint. But those that have extensively employed the drug in this painful affection know well enough that it will not cure every case, and many of them it will not even temporarily relieve. But yet there are plenty of cases that the Black Cohosh exerts a curative influence if judiciously managed, and will decidedly cure cases of rheumatism if there is a special indication for the use of the remedy. "The steady vibratile pulse without marked wane," says Prof. Scudder, "calls for macrotys" and according to our own experience with the remedy, this is a very good indication as far as the pulse is concerned; and it makes but little difference whether the pulse is full and bounding or small and quick with hard stroke, it can be very easily associated with other medicine as the practitioner thinks best, veratrum or gelseminum if the pulse is full and strong with active capillary circulation, or aconite and belladonna if the pulse is small and quick with impairment of the capillaries. In rheumatism, if there is a general soreness of the muscular system or any particular part, the macrotys well be the leading remedy whether the disease is chronic or acute, or if the pain is of a remittent character—waves of pain, (it "goes and comes" as I have heard patients express it) is almost a positive indication; in these cases you can have great confidence in the cimicifuga, for it will be both a satisfaction to you and a great pleasure to your patient. And it makes no difference what the name of the disease is that you are contending with, if your patient complains of muscular soreness and remittent pain, think of macrotys. In light rheumatic fever, produced from cold and attended with soreness of any portion of the muscular system, aconite and macrotys is an excellent combination to break it up: if suffering with pleuritic pain of a rheumatic character, "catching pains" we sometimes hear them called, macrotys and bryonia for these, are two valuable remedies. During pregnancy of women, when there is tendency to abortion from over-exertion or, from some functional derangement of the reproductive organs, and accompanied with pain in the back, macrotys and viburnum prunifolium will usually restore things all right; and if there is restlessness and sleeplessness, with an anxious expression of the face, add

the tinct. of pulsatilla. Very often in young girls or even married women, suffering from some persistent fever that is entirely caused by suppression of the monthly flow, either by contracting a cold with sudden stoppage of the discharge, or from being over-heated, with its attendant results; sometimes these cases are troublesome to treat, and most usually soreness in the region of the uterus will be a very marked symptom. Macrotys in these cases will be the leading remedy.

But though it may not be all the patient wants, it will be the prominent one; and how often do many practitioners meet with cases of a "bad getting up" of women after childbirth, and many doctors, we know, often think of nothing else than a little calomel and supplementing with the common bitter tonics. Examine your patients closely and in the majority of cases you will discover, by pressure with the hand, a soreness in the uterus and peritoneal cavity: and probably the fact will be revealed to you that there is blood poisoning, from absorption of the lochial discharge with offensive odor. "In some cases," says Prof. Scudder, "there is retention of blood clots which undergo decomposition, and in miscarriages occasionally, a case in which the placenta cannot be removed without too much force." In these cases we have no better remedies than macrotys, aconite and chlorate of potash internally, and Tildens' Bromo-Chloralum diluted with water, and used as a vaginal wash.

In the common forms of dysmenorrhœa, macrotys and pulsatilla exert a beneficial influence over this painful and excruciating malady, and in many patients it will entirely cure; there are other drugs that are palliative and curative in others, such as the bromide of ammonium and viburnum opulus, and in a few severe cases, mechanical means and local application of remedies will have to be resorted to. But for a treatment of dysmenorrhœa, if we have to choose but two remedies in the materia medica, we would unhesitatingly make choice of the macrotys and pulsatilla; use the tinct. or fluid extracts fresh and reliable, and then give it in medicinal doses if you want the results named. This is my experience, and would be thankful for yours.

#### Albuminoids.

This word frequently occurs in scientific treatises upon agriculture, and is not quite well enough understood by general readers. It is a name applied by chemists to a very important class of bodies similar in composition to the white of an egg, or albumen. Animal tissues are largely made up of albuminoids; indeed, lean muscle almost entirely consists of

these substances, which, in consequence, have received the name of "flesh-formers." Not only are albuminoids essential constituents of the animal body, but they are also present in all forms of vegetable growth, and without albuminoids no increase of plant tissue is possible. It is in the form of vegetable food that animals receive all the albuminoids afterwards stored up in their own bodies.

It is evident from these facts that the proportion of albuminoids contained in any food is a point of great practical importance; the feeding value of a food will, in fact, depend a good deal on the quantity of albuminoids present. It is in consequence of this great importance of albuminoids that a statement of their quantity is found in every analysis of feeding materials.

Thus, in all statements of corn analysis or other of the cereal greens, the amount of albuminoids is clearly stated, and this is a point of great importance, as thus the nutritive value is exhibited. As compound substances, or in themselves considered, chemists have no methods of determining the quantity of albuminoids present in a body, but as nitrogen is the important constituent, it is generally regarded as safe to assume that all the nitrogen present in a food belongs to the albumen; hence, by calculation of the nitrogen, the amount of the albuminoids is estimated. No department of chemistry is so difficult as that connected with organized tissues and substances, and although great obstacles have been overcome still many difficulties remain to be removed.—*Boston Journal of Chemistry.*

#### Sciatica and Profanity.

The lively *causeur* of the *Evening Transcript* tells the following good story: In a town near Boston there lives a good lady who suffers acutely from sciatica. She has consulted physicians far and near, but has been unsuccessful in finding any cure. Not long since she heard that a man living not far away was afflicted with the same disease in an aggravated form, and it occurred to her that she would call upon him and ask whether he had ever found anything that would avail to lessen its terrors. She did so, and having introduced herself, stated her errand. "Do you," she asked, "find anything that affords you relief?" "Yes marm," he replied, "two things." "Two things? Pray what are they?" "*Cursing and swearing*," said the invalid. It is added that on her return home the good lady told her husband that she only regretted that she could not avail herself of this remedy. "Not that I have any conscientious scruples," she said, "*but I don't know how.*"—*Boston Journal of Chemistry.*

## Notes on Current Medical Practice and Opinions.

### Solid Rubber Bandage in Treatment of Eczema and Ulcer of the Leg.

Dr. L. D. BULKLEY, of New York, in his paper bearing the title as given above, says: "If an ordinary bandage, or an elastic, or a laced stocking is used to keep the disease in check, we have the constant distress and aggravation of the trouble occasioned by the sticking of the dressing to them, or to cloths placed beneath them, while the firm non-elastic tension of the cotton bandage and the laced-stocking is often really distressing to the patient: the cost of elastic web stockings and the necessity of their frequent removal is a serious obstacle in their use in very many cases.

For these reasons the solid rubber bandage promises, I think, to effect a revolution in the treatment of such cases, and will be hailed with pleasure by multitudes of physicians and patients."

#### "THE PROBLEM OF YELLOW FEVER."

At a meeting of the New York Academy of Medicine, held October 17th, a paper entitled "The Problem of Yellow Fever" was read by Octavius White, M. D., who was formerly a practitioner in the South. The paper was brief and designed mainly to prelude a more than commonly thorough discussion of yellow fever in all its bearings. The author of the paper regarded yellow fever as essentially a germ disease, which to develop and spread required certain favoring conditions of climate, temperature, drainage, etc. without these favoring conditions, the disease germ will be inert, and therefore harmless.

Dr. Austin Flint, Sr. led in the discussion, not of the paper, but of the topic, and maintained that security from the ravages of this pestilence could only be attained by measures that prevented the origination of the first case whether it be indigenous or imported.

Dr. J. C. Peters regards the disease as one of the class denominated *filth diseases*, and therefore is susceptible to the opposing influences of correct quarantine, true isolation of the first cases, instant disinfection of everything pertaining to the person of the patient and the sick room, and finally the destruction of all articles used about the sick that cannot conveniently be washed and disinfected. It can be stamped out as readily as Scarlet fever, Typhus fever, or Cholera, only it must be

treated more promptly and more thoroughly by the Sanitary measures deemed requisite, than is ordinarily done in the time of prevailing epidemics. Dr. Elisha Harris echoed the views of Dr. Flint, in that he believed that wholesome cleanliness should always be maintained in Southern ports and cities, and that an efficient quarantine should effectually prevent the admission of any cases. If, by accident, cases did escape the observation of quarantine, the local healthiness of the place would not furnish an appropriate nucleus for the development of the disease. Dr. Harris warmly advocated the establishment of a medical commission, appointed and paid by the Government to study the subject of yellow fever, especially in relation to preventive measures. Dr. Post had a series of very practical questions which he read to the Academy and trusted that the proposed commission of inquiry would be enabled to find sufficient and reliable answers for them. Dr. Anderson advocated chiefly the study of means of prevention. He repeated, as worthy of remembrance, the homely old adage "*an ounce of prevention is worth a pound of cure.*"

Dr. Herzog believed the commission, if one was appointed, should enter upon its work in a truly scientific manner, and not be satisfied until the true nature of the poison and the exact conditions favoring its progress were discovered.

Dr. Herzog being much imbued with the line of scientific thought represented in Germany by Pettenkoffer and others, expressed himself as believing that the state of the atmosphere, in connection with the state of the soil, prevailing at the time of an epidemic visitation of Yellow fever, would be found to be the chief points worthy of the study of such a band of scientific inquirers.

Others spoke but the general sentiment had been fairly expressed by those who led the discussion.

#### STATE BOARD OF HEALTH OF MICHIGAN.

The Michigan Board of Health is disseminating its conclusions on Sanitary matters by means of brief circulars which are intended to make the great principles of sanitary science common property. We have seen four of these circulars and find that they convey excellent instruction in a compact form. They remind us of the valuable health tracts that were issued by the U. S. Sanitary Commission during the *War of the Rebellion*. The titles of the four before us are as follows:

"Relative to the work of Health Officers and of Local Boards of Health in Michigan."

"Relative to Notices of Diseases which endanger the Public Health; Duties of Household-ers, Physicians, and others—Circular to

Supervisors and other Officers of Townships."

"Restriction and Prevention of Scarlet Fever."

"Restriction and Prevention of Diphtheria."

We have quoted these titles as specimens of their variety and scope. The plan is highly creditable to the intelligent enterprise of the public sanitarians of Michigan.

#### GLYCERINE AS AN ANTI-FERMENT.

It is interesting for those who manufacture articles liable to decomposition, to know that glycerine has the power of arresting fermentation to a remarkable degree. It is stated in *The Chemical Journal*, that glycerine retards both lactic and alcoholic fermentations. One-fifth of glycerine added to milk at a temperature of 15° to 20° C. prevents it from turning sour for eight or ten days. One-half or one-third of glycerine, at the same temperature, retarded the fermentation of milk for six or seven weeks. At higher temperatures, larger quantities are needed to produce the same results. The formation of hydrocyanic acid from amygdaline and emulsine is also retarded by glycerine. It becomes thus very serviceable in preventing the spoiling of various lotions. For this reason it is not unusual to add a small quantity to the preparation known as milk of roses, and also to almond paste. Some excellent results have also been recently obtained by the use of glycerine, instead of Cod-Liver Oil in the first stages of consumption.

#### A HINT TO THE CONSUMPTIVE.

A correspondent of *Les Mondes* calls attention to the fact that butchers, though they may be pale and thin when they enter on the business, quickly gain freshness of color, stoutness and a generally comfortable look. It is pure fiction, of course, that they put aside the best portions of the meat for themselves, and it is a known fact that most of them lose appetite.

The correspondent attributes their general well-being to assimilation, through the respiratory passages, of nutritive juices of the meat volatilized in the air—a kind of nutrition by affusion. If this be really a fact, it is argued that young people with deficient or impure blood, and especially children of a weak or lymphatic constitution, might be subjected with advantage to hygienic treatment based upon it. A well known French physician commends the idea, and offers the following plan for the treatment of consumptive persons, in place of sending them off to distant places with reputedly mild climates. In a well ventilated, sunlit and sheltered room, with southern exposure, he would, by means of a Mousseron brazier, the high moist heat

of which is salutary and favorable to respiration, form for the patient an artificial climate, like that of Nice or Florida, having all the advantages without the inconveniences, of the real climate. To aid the antiseptic action of the warm moist air, rich in vapors, charged with dissolved carbonic acid, he would place in one or more corners of the room an open bottle of water saturated with sulphurous acid. By this arrangement he thinks the progress of the tuberculation would be arrested.

#### HOT AND COLD BATHS.

*The London Lancet* in a recent number, points out the difference between the effects of hot and cold baths. The effects of the cold bath, it says, being mainly due to impressions made upon the cutaneous nerves, the modifications of the cold bath largely depend on their power of increasing its stimulating action. The colder the water, the more violent the impression. The frequent change of water, such as is found in the sea or in running streams, increases the stimulating effect. Great forces of impact, as when water falls from a height or comes forcibly through a hose upon the body: the division of the stream as is seen in shower baths and needle baths; and the addition of acids or salt to the water, all act, it would seem, by increasing the stimulating power which the water exerts upon the cutaneous nerves. Warm baths produce an effect upon the skin directly contrary to that brought about by cold water. The cutaneous vessels dilate immediately under the influence of the heat, and although this dilatation is followed by a contraction of the vessels, this contraction is seldom excessive, and the ultimate result of a warm bath is to increase the cutaneous circulation. The pulse and respiration are both quickened as in the cold bath. The warm bath increases the temperature of the body, and by lessening the necessity for the internal production of heat, decreases the call made upon certain vital processes, and enables life to be sustained with a less expenditure of force. While a cold bath causes a certain stiffness of the muscles, if continued for too long a time, a warm bath relieves stiffness and fatigue. The ultimate results of hot and cold baths, if their temperature be moderate, are about the same, the difference being, to use the words of Brame, that "cold refreshes by stimulating the functions, heat, by physically facilitating them: and in this lies the important practical difference between the cold water and hot water systems.

#### AN EXPERIMENT WITH CHLOROFORM.

Chloroform was administered to a baboon in a dentist's chair at the Alexandra Palace a few weeks ago.



The poor creature had had a terrible tooth-ache. A fortnight before the final operation two teeth had been extracted, but while his sufferings had been relieved it was necessary to draw out two more teeth, together with an old fang, and to break away a large piece of the diseased jaw. Chloroform was used, and as this is the first instance in which it is known to have been administered to a monkey, it will be interesting to state that the animal is a rather large individual of his species, probably from twelve to fifteen years of age, that the anæsthetic was four minutes and thirty-seven seconds in producing perfect unconsciousness, and that the revival took place in about ten minutes from that time, during which the operation had been successfully performed. Poor Joss soon recovered his usual condition, and after cooling his face against a window pane for a few minutes, quietly rejoined his companions, apparently little the worse for his mutilated jaw, and much relieved by the treatment.

#### WINE IN THE CAPILLARY BRONCHITIS OF CHILDREN.

The *Jour. de Med. et de Chirg.*, quotes M. Bonamy, of Nantes, who speaks highly of the use of wine in the treatment of capillary bronchitis in very young children. He does not think very large doses advisable, but gives from five to six ounces daily to children between one and two years of age, varying the dose also according to the strength of the patient. As adjuvants he employs cutaneous revulsives and ipecac. He uses the following formula with such variations as the special cases seem to demand.

Malaga wine..... 3 iii.  
Peppermint water..... 3 iiss.  
Syr. of orange peel..... 3 v.  
M. A dessert-spoonful every hour.

#### MALARIAL POISONING.

Dr. W. C. Van Bibber, has furnished the State Board of Health of Maryland with a small pamphlet on ventilation, wherein he explains the noxious effects of what are popularly known as close days, in malarial localities. The theory is advanced, that this atmospheric phenomenon may account for the productions of malarial disorders, where the poison of malaria is associated with the region.

Fever and ague and remittent fever, are common in the flat lands bordering upon the Chesapeake Bay and in the level valleys of fresh-water streams, as the Potomac, Patuxent, and Susquehanna, and also in similar sit-

uations almost everywhere throughout the earth. In such localities, during the months of July, August and September, there are many days when there is no ventilation in these topographical situations, because there is but little horizontal motion in the atmosphere at large.

The range of the thermometer during these months, in this climate, is high during the day, and the water in the marshes and swamps being perfectly still and exposed to the ardent rays of the sun, is heated, and gives rise to the formation of copious vapors. It is then that the motionless air, resting upon the stagnant and vaporizing waters, becomes impregnated with the poison of malaria. It is then that this poison produces ill-health. Whatever the essential essence of malaria may be, it is manifest that, on account of its subtle nature, the atmosphere will be more likely to be charged with it and to retain it, when the topography checks the natural process of ventilation, or the movement of bodies of air.

#### FORMATION OF NEW JOINT.

At a recent meeting of the New York Pathological Society, Dr. Lewis A. Sayre presented a rare and exceedingly valuable specimen of new joint, which occurred in the hip of a child upon whom the operation of exsection had been performed. The section of the specimen showed the formation of a new acetabulum, with cartilage. The cartilage was a new formation, as, in the operation, the original acetabulum was carious, and during the operation had been removed. The history of the case was as follows. A child, two years and nine months old, was first seen July 23, 1875, and was at that time suffering from the third stage of hip disease.

Exsection was performed September 29, 1875. The head and neck of the femur were entirely gone, and there was diseased bone in the acetabulum.

The opening closed on October 30, 1875, and for two years the patient was not under Dr. Sayre's care, but subsequently became an inmate of Bellevue Hospital, suffering from amyloid disease of the kidneys and liver. Death occurred March 4th, 1878.

Each of the lower extremities measured 13 1-8 inches in length. A section of the hip showed no trace of dead bone, but instead, a new joint, which closely resembled the hip-joint of the other side, but had a diminished amount of motion.

#### TREATMENT OF GOITRE BY INJECTIONS.

At one of the stated meetings of the New York Pathological Society held in April, Dr. Beverly Robinson presented a patient upon whom he had made a series of injections of



the tincture of iron, after the manner suggested by Dr. McKenzie of London. He presented also the photographs showing the appearance previously and subsequent to the operations. The case was one of fibro-cystic goitre, and had been treated by injections of the tincture of iodine, but without any special benefit, as the cyst readily refilled. The injection of the tincture of iron was commenced Sept. 27, and continued during a period of five months. In that time, from 25 to 30 injections were made. The result of these injections was to convert the cyst into an abscess.

Subsequently the tincture of ergot was used, but without special benefit. Two silver canulas were used to procure free drainage. These were worn continuously for a time. Previous to the use of the tincture of iron, the neck measured 18 inches in circumference, and presented a large tumor to the right of the median line, and extending up to the ramus of the jaw. As a result of treatment, the cyst decreased in size, and the neck measured only 14 inches. The photographs showed a marked reduction in the size of the tumor. The cyst bled during the time the injections of tincture of iron were employed, and suppurated very freely. Subsequently there appeared a vascular growth upon the surface of the cyst, and near the opening.

Dr. Robinson wished to know if any member of the Society had any suggestions to make in regard to the future treatment of the case. He had read of cases in which galvanism had been used with benefit, but had no experience with that agent. Dr. Putnam Jacobi said that galvanism was indicated in goitre of neuro-paralytic origin. She had seen a case in which marked improvement had taken place. The tumor was nearly as large as in Dr. Robinson's case.

Dr. Seguin had used galvanization in goitre; in some cases benefit resulted, but in none of them did cure take place. Dr. Seguin had used an aqueous solution of the solid extract of ergot, but without any benefit whatever.

#### PSEUDO-MEMBRANOUS BRONCHITIS.

Dr. Robinson presented bronchial casts which had been sent to him by Dr. Beason of Syracuse, N. Y. They were from a case who had furnished similar casts, presented about a year ago. Since that time the patient, a child, had been expectorating them regularly. Dr. W. H. Carpenter had seen the patient referred to by Dr. Robinson. The casts were expectorated easily and copiously. Dr. Peters said he had seen with Dr. Loomis, a case in which casts of the bronchi were thrown off every few weeks.

Dr. Seguin asked if arsenic had been used

in the treatment of the disease: cases were reported in which that agent had proved effectual in checking the formation of the false membrane.

#### BRAINLESS INFANT.

At a meeting of the N. Y. Pathological Society, Dr. Seguin presented the body of a brainless child at full term. The face was perfect. The top of the head was covered by a red membrane, and beneath it there was a crust of bone. No cerebral matter was found, neither was there any of the structure of the cerebellum. The first evidence of nervous substance was in the medulla, oblongata. The optic nerve terminated in the sphenoid bone. The peripheral nervous system was well developed. Dr. Seguin said the case was interesting in showing the independence of development of the brain, and of the remaining nerve system.

#### HORSE-HAIR AS A DRAIN FOR WOUNDS.

Mr. Lister, the well known English Surgeon calls attention to the use of horse-hair in place of the drainage-tubes of rubber, or the strings of catgut. It was proposed for this purpose by White, of Nottingham, in the *Lancet* of December 2, 1876. It is especially useful in wounds, involving joints or the ends of resected bones, where the calibre of the rubber tube might be obliterated by the pressure of the bones, and in cases where drainage is required beyond a time when catgut will be dissolved. It has an advantage, too, in that it can be reduced in bulk, in accordance with the diminution of the serous discharge, by drawing out some of the hairs.

In using it, a whip of the hair of one-half the thickness required, should be bent in the middle at a sharp angle, and tied with a piece of carbolized silk, and introduced with a probe or dressing-forceps. Mr. Lister has used the horse-hair in other wounds, and employs it now in preference to the rubber tubes.—*The Lancet*, Jan. 5, '78

#### DITAIN.

A new drug called Ditain is introduced to the notice of the profession.

It is the bark of the *Allstonia Scholaris*, a native of Java. It has been found to contain an active principle, the physiological effects of which resemble those of curare. It is said to be antipyretic, a vermifuge, and a poison. It has the property of paralyzing the intramuscular terminations of the motor nerves and the spinal cord at the same time.

#### JABORANDI.

In a discussion arising on this new remedy in the Medical Society of Madrid, Dr. Pedro Esquerdo said that he selected cases of rheumatism, pleurisy, pericarditis, dropsies, epis-

taxis, etc., in which to test the action of the drug. The most important results noticed, were the irregularity or inconstancy in its action, and the great number of accidents which occurred during its administration. As a sudorific, in his hands, it did not produce the effects he expected. Instead of copious expectoration, salivation, diarrhoea, vomiting, syncope, and great prostration occurred. These effects, and others as serious, were produced in different patients, and even the amount of salivation and perspiration also varied in different individuals.

#### GAS CLOTH.

Dr Hirzel, of Liepsic, has patented a fabric claimed to be impermeable to water and gas, which he calls *gastuch* or gas cloth. It is made by placing a large, smooth piece of so-called gutta-percha paper, between two pieces of some not too coarse and dense material—such as undressed shirting, and then passing the arrangement between heated rollers. The outer pieces of shirting combine internally with the inclosed gutta-percha to form a material which is impenetrable by gas or water. It may be made still denser and more resistant by being coated on both sides with copal lac. The substance is conveniently flexible, and it is said will remain proof against variable influences of weather and external temperatures. It can be applied to all those purposes for which water-proof material is used, and it is well adapted to form gas-tight membranes for regulators of pressure of compressed gas, bags, or sacks for dry gas metres, as also dry gas-reservoirs.

#### FIRE-PROOF CLOTHING.

M. Sieborath, of Dresden, has been experimenting, with a view to find some cheap substance that would prevent ladies clothing from burning with flame. Weak solutions of alum are not satisfactory, but a 5 per cent solution of phosphate of ammonia proved quite successful; the impregnated clothes did not burn with flame, but were merely destroyed by carbonization. Lastly, a solution containing 5 per cent. phosphate of ammonia was tried on linen and woollen stuffs. Here, too, there was no burning. The stuffs treated with phosphate of ammonia did not even burn when they had been vigorously rubbed with gunpowder. The powder flashed, but left the stuffs unconsumed. The clothes lose their incombustibility however, by getting wet or being washed. It is a disadvantage, too, that they can only be worn in certain places.

#### ABOUT CHEAP LIVING.

The problem of cheap living which has excited so much emulative correspondence of late, in the daily press of America, has also

attracted attention in England. Vegetarians and meat-eaters have demonstrated that sixpence a day is amply sufficient to satisfy the requirements of any reasonable appetite, and now an enthusiast declares in the *Manchester Guardian* that a man can live well on sixpence a week. He himself never spends more. For twelve years he has abstained from any other food than bread and water, and at the age of fifty-one is in the enjoyment of better health than he ever had in his earlier years. He is blessed with a small appetite, and finds a four pound loaf of bread quite sufficient for his sustenance during a week. Bread, he argues, is the natural food of man; if he will adhere to this diet, and take care of his health he will, in nine cases out of ten arrive at a green old age. It is the consumption of stimulating food, such as intoxicating liquors, milk, fresh meat and fish, which enervates the minds and bodies of man, and prepares the way for disease.

#### DANGERS OF TOUGHENED GLASS.

Here is a little incident, related by Professor Ricard, which recently occurred in Bohemia, and which may give a useful hint to heads of families: "A child's drinking glass was bought one day at Saaz, and during six months it sustained its character of toughened glass. But one evening in the seventh month, after having been used for drinking sugared water, it was placed, with a silver spoon in it, on a large oak table. Suddenly I heard from my room a violent explosion, like a pistol shot, and a metallic sound.

I hastened in and saw, scattered all over the floor, needles and fragments of glass, and not only the floor, but the bed, the table, the curtains, &c., were covered with them.

The empty glass had burst without apparent cause, without the approach of a light, and with a force so extraordinary, that all the inhabitants of the house were frightened. Such an explosion is doubtless caused by some change in the extreme tension of the fibres of hardened glass."

#### CONSUMPTIVES IN CALIFORNIA.

A very interesting statement in relation to the adaptation of the climate of California to consumptive visitors or residents, is made by Dr. Hatch, of Sacramento, Secretary of the State Board of Health. Among the more important points made by him are these, namely, that, for the majority of invalids seeking a change of climate in consumption, the mountains—preferably the coast range—offer advantages, during the Summer and early Autumn months, superior to those of any other portion of the State; that a certain proportion may find the eastern slope of the coast

range agreeable and beneficial even during the winter seasons ; and that, for a large proportion of consumptives, some point on the southern coast seems eminently suitable as a winter residence. Dr. Hatch also lays it down as a rule, that the premonitory stage of phthisis, or the first stage of its actual development, are the only ones in which climate may be safely relied upon : that some cases in the second stage may be greatly benefited, especially when the nutritive processes are not seriously impaired, and that a few may secure an apparently permanent arrest of disease, and enjoy good health for many years, but that the climate of California, while it may for a time seem to inspire hope, offers, in reality, no very strong inducement to those lapsing, or who may be considered as having already passed into the third stage of the disease.

## MONTHLY SUMMARY.

### Diabetes Mellitus Cured by Extract of Nux Vomica.

Two cases are reported by Dr. Eug. Zarzana, in the *Gazetta Medica di Roma*. The first patient, a woman, had been passing a large quantity of water for three years ; she was very weak, her sight was affected, and her thirst was great. At the time the treatment was begun, she was passing twelve Roman livra of urine in the twenty-four hours ; it was not albuminous, but contained a large quantity of glucose. At first she was given daily three-quarters of a grain of the alcoholic extract of nux vomica, dissolved in 3 oza. of distilled water, and the dose was increased by three-quarters of a grain every three days, until she was taking  $4\frac{1}{2}$  grains per diem. Under this treatment the quantity of urine diminished, and it became very acid, flocculent, and colored by biliary pigment. At the same time glucose diminished until only traces of it could be discovered. The general symptoms improved, and the patient was restored to her previous good health. The second patient was a large, robust man, seventy-two years of age. During eleven hours he passed two Roman livra and eight ounces of urine, which was rich in urates and albumen. Under the use of the nux vomica, the glucose gradually diminished in quantity and finally disappeared entirely.—*The Doctor*.

### Toothache Drops.

Mr. J. Merson, L. D. S., states in the *British Journal of Dental Science* that acute pain can often be relieved by pungent aromatics, just as we know that belladonna is popular rem-

edies for tooth-ache, as are creasote, peppers, spirits, etc. But better still, he tells us that combined with chloroform and aconite they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the pain. Here is his formula for a local anæsthetic to supercede chloroform, ether, etc.

℞ Chloroform pur. .... 3 iij.  
Tr. aconiti. .... 3 iij.  
Tr. capsici. .... 3 j.  
Tr. pyrethri. .... 3 ss.  
Ol. caryoph. .... 3 ss.  
Gum camph. .... 3 ss. M.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument *must be warmed*. This is most important. We have felt the pang of the cold steel, and, whether the anæsthetic or not be used, agree with the propriety of using warm instruments. For tooth-ache, a pellet of cotton wool soaked in the above may be introduced into the cavity, and is said often to give speedy relief.—*Boston Journal of Chemistry*.

### Purgative Milk.

In his book, "Le Lait, la Creme, et le Beurre," M. Husson calls attention to Planche's formula for purgative milk, a cathartic which has the advantages of being easy to take and certain in action :—

℞ Resinæ scammonia. .... grs. vi.  
Sacch. albæ. .... 3 ijs.

Triturate, and add gradually:

Lactis puri. ....  $\frac{3}{4}$  vi.  
Aq. laurocerasi. .... mxlv. M.

A single dose for an adult.—*Boston Journal of Chemistry*.

### Boracic Acid Ointment.

This ointment is used in University College Hospital, as an application for burns, and is made according to a formula of Mr. Godlee, as follows:—

Boracic acid in fine powder. .... 1 part.  
White wax. .... 1 part.  
Paraffin. .... 2 parts.  
Almond oil. .... 2 parts.

Melt the wax, paraffin, and oil, with a gentle heat ; then add the acid, and continue stirring until it remains of uniform consistence. Before using, it should be reduced to a soft mass by rubbing it in a cold mortar.—*Boston Journal of Chemistry*.

## EDITORIAL.

**Identity of Cascara Sagrado with Rhamnus Purshiana.***To Journal of Materia Medica.*

I have this day mailed you the Pacific Medical and Surgical Journal for October, which doubtless you have seen; it contains an important article on the *Materia Medica* of California, by Dr. Gibbons, *Chairman of the Section on Materia Medica of the State Society*, and it is but due to the Medical Profession of the United States, that it be published in all the Journals; perhaps I am asking too much of one, who, while conducting one of the most interesting journals published in this Country, you are likewise connected with the oldest manufactory of medicinal preparations, and perhaps interested in the manufacture of the articles referred to: but I have regarded you, from the tone of your publications, cautious and conservative, and have observed in the Journal, very little concerning them. It would appear that one, Dr. Bundy, has filled the pages of the advertising publication of Parke, Davis & Co., of Detroit, called "New Preparations," full of exaggerated accounts of California's New Remedies, and Dr. Gibbons has fully exposed the wrong of imposing worthless California plants upon the Eastern Profession, as rare medicinal plants. We all know that our fields and mountains, yes, every district abounds with plants of medicinal value, all having a *domestic reputation* of long standing, but of no decidedly marked characteristics, such as make it desirable for a Druggist or Physician to encumber their shelves with them; when a physician's aid is desired, the time has usually come for positive medication, and they are of little use. Now, I have no doubt our domestic plants are just as good and efficient as the California plants which Dr. Bundy and his consignees have endeavored, by advertising, to work up a sale for, with the profession in the East. It is rare that articles are added to the *Materia Medica*, which hold the position of Gelseminum, Veratrum and some others have done for same length of time; any article to do so, must possess the most specific and marked remedial powers: these were long in being established in medical favor, and it was not until we had thoroughly tested them. Such articles are an acquisition, but not so with the California new articles. Buckthorn was one of the earliest remedies used, the Bark and Berries: from the latter was prepared syrup of Buckthorn, or Rhamnus Catharticus, and had a great reputation as an active cathartic in Rheumatism, Gout &c. It seems it has been left to this celebrated Dr. Bundy to bring forth the bark of the Rhamnus species of California, under the name of *Cascara Sagrado*. I used some of it with-

out effect desired. Dr. Gibbons says there is no such plant known to any botanist on the Pacific Coast. Language cannot express fully the reproof which should follow such transactions, and I trust you will publish articles I send you, and I should like to know something of the Doctors who appear in the "New Preparations," as certifying to these articles. I do not see how any medical Journal can now, in view of this exposure, continue to advertise this article."

## REMARKS:—

We have published the articles referred to in the above letter, as well as the letter itself, and depart from a rule, not to allow in our pages anything reflecting upon the integrity of anyone, but from the necessity of the case, this is of wide professional interest and cannot be avoided, it is due to ourselves as well as the Profession and public that we state any connection on our part with the matters referred to.

It is true, we have been conservative in regard to inducing the use of articles we had not become fully convinced were valuable to the profession. No physician can use all the two hundred Fluid Extracts on the list, nor can druggists expect to keep them on their shelves; they cannot afford it. When *Cascara Sagrado* was announced by this House, and Dr. Bundy, we examined thoroughly our extensive collection of Botanical works and authorities, and were unable to find any trace of it or anything that would justify us in placing it upon our list, although constantly importuned to do so, nor could we upon corresponding, find any one who had ever seen it. We thought it, like Condurango, a speculation, and declined to put it upon our list. Finally we received a consignment of what purported to be *Cascara Sagrado*, and put it upon our secondary list. When this list was shown one of the agents of the House of P. D. & Co., he ridiculed the idea that any other house or party had any of the article, or could obtain it: this had been announced among the trade, and we learned, had given rise to the suspicion that *Cascara* was a preparation or compound of various active cathartics, justified perhaps by the secrecy that had surrounded its monopoly. An examination of the consignment we had received, revealed a similarity to the Bark of the Rhamnus Catharticus; to settle the correctness of the suspicion created in this respect, we sought to obtain some of the genuine Bark, or "Original Jacobs" and compare them. Application was made to the most respectable Drug Houses for a small quantity, who, not having it, made application to P. D. & Co. they uniformly returned a reply similar to the following:

Detroit, May 13, 1878.

Gentlemen:—We regret to say that we are unable to send you the crude drugs ordered, as we manufacture them into Fluid and Solid Extracts as fast as received. We have none of the crude in stock.

A Physician writes, May 24, '78, "P. D. & Co., re-

plied to my Druggist that they worked all their crude into Fluid Extracts as soon as they received it, to meet their large and unexpected demand. Humbug!"

Of course it is quite idle for any large manufactory concerned, handling large quantities of crude articles, to pretend that all of any article "had been made up into Fluid Extracts as soon as received," much less the one in question, and that *one ounce* could not be had to satisfy the *investigation of scientific men*. Every fair-minded man will say that the only object could have been to keep out of sight the crude article called Cascara, to avoid identity with the real article which appears to now have been had and determined, and in future we shall put this article under the real name, *Rhamnus Purshiana*.

At the meeting of the American Pharmaceutical Association, held at Atlanta, Nov. 26, 1878, Mr. Lloyd of Cincinnati called attention to some California plants which had been introduced under fictitious names, one having been called *yerba reuma* was found to be *Frankenia grandifolia*, nat. ord. Frankeniaceæ, a common plant of California, having a very salty taste. The article introduced under the name of *cascara sagrada* was ascertained to be the bark of *Rhamnus Purshiana*. The *Mountain or Oregon grape* of the Pacific coast is usually referred to as *Berberis aquifolium*, but Mr. Lloyd has found *B. repens*, *B. nervosa* and *B. pinnata* substituted for it.

In commenting on Mr. Lloyd's paper, Messrs. Maisch and Saunders referred to censurable practices which had become rather frequent of late years and should be discountenanced—such as the introduction under fictitious names of drugs and chemical preparations.

The *Medical and Surgical Reporter*, Philadelphia, Nov. 23, 1878, has the following:—

#### Doubtful Novelties.

Dr. W. P. Gibbons, of California, does a good work in the October number of the *Pacific Medical and Surgical Journal*, by exposing the pretended new remedies from California called *Yerba Santa*, *Berberis Aquifolium*, *Cascara Sagrada* and *Yerba Reuma*. They have been pushed on the profession by a Dr. J. H. Bundy, and by the efforts of Parke, Davis & Co., of Detroit. We regret to add that several medical editors have either been entrapped or have deliberately been bargained into giving their sanction and aid to this form of mercantile exploitation of the profession and their patients. We have a right to demand that they now publicly retract their statements about these pretended remedies."

NOTE:—

The medical profession are imposed upon or

"entrapped" in various ways as for instance, we have seen in the *Chicago Pharmacist*, published by the College of Pharmacy, an article of several pages on these very same New California Remedies, by Dr. W. A. Green, of Macon, Ga.

We happen to know something of this Dr. W. A. Green, who claimed to be the correspondent of several medical Journals, for we have a letter from him, dated June 5, 1877, wishing to "write up" several articles, and would do it for the *small compensation* of *twenty-five dollars* a page, or four pages for *one-hundred* dollars. We never answered his letter, but have had several since of similar import. Our readers can judge of the *value* of such articles to the *author* by the number of pages, and how much they are worth to the physician, paid for by the *foot or yard*.

#### Maltine.

Will the editors of the *Journal of Materia Medica* enlighten its readers as to the difference between Extract of Malt, and an article advertised as Maltine and claimed to be superior.

S. G. W., M. D.

The following extract from standard authorities, will give our readers the true definition of Maltine, which is synonymous with Diastase or Vegetable Ptyalin.

Maltine, first announced in 1833 by Payen and Persoz, and called *diastase*, is best procured by macerating sprouting malt in double its weight of water, for twenty-four hours, at a temperature of 40° C., replacing the filtered portion with a double volume of alcohol, filtering the yellowish-white amorphous deposit of maltine remaining on the filter, and drying at 40° C. In this manner from one kilogramme of sprouting grain, five to six grains of maltine should be obtained.

Maltine, which is very little soluble in dilute alcohol, and insoluble in absolute alcohol, is precipitated from its watery solution by the salts of potassa and barytes. Alkaline carbonates and bicarbonates precipitate it also; an excess, however, redissolves the precipitate. Salts of lead, mercury, cadmium, and tannin, form, with maltine, insoluble combinations, and arrest the ferment action of maltine. The same results with strong acids and caustic alkalies, while weak acids, dilute alcohol, essential oils, and organic salts, do not appear to arrest its action, and alkaline salts assist it. The experiments of the author on the artificial

digestion of starch by maltine showed that this occurs, completely, with cooked starch; that, further, the starch must be diluted with ten times its weight of water; and, finally, that the soluble power of maltine varies with the various forms of starch. The favorable temperature of the digestion is  $35^{\circ}$  to  $40^{\circ}\text{C}.$ ; 0.05 gr. of maltine produced from 25 grs. potato starch, cooked in 400 grs. water, in twenty-four hours, 11.0 grs. of sugar. Larger quantities of maltine do not hasten the process, and less leaves it incompleated. The entirely similar action of ptyaline, already noticed by previous authors, suggests to Dr. Cantaret that there is no difference between the animal and vegetable ferments, and he does not hesitate, therefore, to call maltine vegetable ptyaline, and to employ it in the treatment of "dyspepsie salivaire."—*N. Y. Medical Journal*.

*Dunlinson's Med. Dictionary, Dec. 1873.*

"MALTINE—Diastase.

Made by macerating sprouting malt in double its weight in water for 24 hours, at a temperature of  $100^{\circ}\text{F}.$ , replacing the filtered portion with alcohol, filtering the deposit, and drying—called vegetable Ptyaline, from its similarity of action to the latter. Used in inveterate dyspepsia, especially the "*dyspepsia Salivarie* of French writers."

As to the difference between Extract of Malt and Maltine as put up in the same manner, the following correspondence will fully explain our personal views.

NEW YORK, Oct. 12, 1878.

Messrs. Tilden & Co.—Gentlemen:

We have been informed that you are manufacturing and selling a preparation called Maltosine. This is unquestionably an infringement of our trade-mark "Maltine," it being the same word except the two letters "OS." Any word so similar to ours, that parties would be deceived in purchasing the article is an infringement, and the pronunciation of the words is so similar, that no one would fail to be deceived, all of which we have proved by actual tests in this city.

Awaiting your reply, we are Yours Truly,

REED & CARNICK.

NEW LEBANON, N. Y., Nov. 26th, 1878.

Messrs. REED & CARNICK, New York:

Gentlemen—I have your letter and in reply will say that you are under a serious misapprehension both as to your own position and as to ours.

You appear to apply the word "Maltine, which is *not* a word of your coining to an Extract of Malt of various grains (as you state it to be,)—it being a word long used and synonymous with Ptyalin and Diastase, and is the name of a principle or article. You might as well use Podophillin or Podophylline as to Extract of Mandrake, or use Dextrine as the name of your Extract of Malt—Indeed any other name which has been used and recognized in standard works as the name of a particular principle or article. If you have a right to the word Maltine, you can assume the same as to Dextrine—So you could also assume to claim Morphine or Pepsine or any other name recognized or used as the name *Maltine* has been in standard works.

In an investigation of Extract of Malt, which we made in 1861, we became fully familiar with the word and supposed the article you offered the public was the isolated principle "*Maltine*" or Diastase—but on obtaining some of it, found it was not what we expected, and no more "*Maltine*" than any or all other *Malt Extracts* on the market.

We surely have no disposition to interfere with or abridge your sales or rights, or to refer to the very questionable right you assume in the name, or to the impression which exists as to the nature of the article you make—that we leave entirely to those whose privilege it is to investigate these claims and pretensions—viz.: the consumers.

"Maltose" is a particular and well-defined element of Malt, and our "Maltosine" is derived from that, and therefore bears no relation to your extract, and surely is not calculated to deceive any one who is old enough to discriminate between a dry article and an extract.

You have the right, as every man unquestionably has, to make and sell under the recognized name the particular element "Maltine" or Diastase, and we fail to understand how we can be denied the right to specifically prepare any other recognized element of Malt under the name of Maltosine in another form,—but you have no right to sell as *Maltine* an Extract of Malt, simple or compound, which, from the nature of the preparation, if it contain any at all, must contain only a small amount of Maltine or Diastase.

Yours Truly, H. A. TILDEN.

P. S. We observe, in closing your letter you say that "no one would fail to be deceived" by similarity of the names "Maltine" and "Maltosine", "all of which you have proved by actual tests in this city." We beg to say that you must have some very remarkable and astute witnesses, because not one *drum* of the article has yet been sent to New York or put upon the market, and no one has yet had the opportunity to be deceived; however, we are sure you will derive benefit.

### Obituary.

**DIED—BLECKEN**—At his residence in Minneapolis, Minn., Sept. 19th, Carl Herman Blecken, M. D.

Dr. Blecken the only child of his parents, was born in Hamburg, Germany, April 4th, 1822. When eighteen years of age he commenced the study of medicine in his native city, and continued it in Gottingen, Halle and Berlin, where he graduated, June 19th, 1845, at the age of twenty three, making his medical examinations in the *Latin, French and German* languages with high honors. At the request of his uncles, he took up the study of Theology, in which he graduated two years later, and came to America, landing in New York June 19th, 1847. He subsequently came west and was married to Margeretta Reiboldt in 1851, in the State of Indiana. From thence he removed to New Ulm, Minn., arriving there June 19th. There he was engaged in practicing medicine and teaching school until the breaking out of the Sioux war which began on the 19th of Aug. 1862. It is a singular fact that a majority of important events occurred to him on the 19th of some month, as did many that are not mentioned here. The Indians attacked his house from the rear, and as he, his wife and only child—a little boy—passed out of the front door, a shower of more than a dozen rifle balls riddled the door and their clothing. Never did specimens of humanity, or even beasts of prey display in a more unlimited manner their various modes of execution. Males and females of all ages, were not only shot and scalped, by "the noble (?) red men", but were pierced by scores of bullets, swords and arrows, were torn to pieces by main force, were literally mashed out of existence with stones, clubs, or any available missile; were nailed to trees, fences and the sides of houses. Helpless infants had their unconscious brains beaten out on the sidewalk, or stones in the street. Thus was the spirit of total destruction of the pale face, shown by the annihilation of *everything* however innocent. These with a hundred other brutalities unknown to civilized people, are some of the trials through which our lately departed brother passed. In the stampede that followed, a few buildings were found to serve the double capacity of fort and hospital, and here, while ministering to the wounded and dying of his fellow-citizens, Dr. Blecken earned a gratitude which will ever follow his memory. After a long siege troops arrived, dispersed the raiders, and the pioneers were taken down the river in boats. At Red-

wing the Dr. found himself, his wife, and child sick and worn, with nothing of home left save the clothing they wore: and now came trials harder to bear than those of war. Some people well knowing his condition would go and ask if he was in need; his answer was, "*You know I am in need but if you do not know better than to ask me, I will never accept anything while I can work.*" Often did he feed his wife and child and keep nothing for himself.

Here he learned that the world is most unkind to those who are most unfortunate. But following his *life rule*, "*Do right and fear no one.*" he was bound to succeed. He pursued his profession with an "*iron will*" in Redwing and Hastings until 1867, when he located in Minneapolis where he had a larger field to exercise his vigorous mind and body. How well he succeeded in the latter city, hundreds of his former patients can tell, and his elegant property stands to illustrate.

Having embraced the American or Eclectic system of medicine, he gave his attention to the treatment of chronic diseases, in which he was remarkably successful. He was a man of more than ordinary force of character, but was honest with his patients. If he said he could cure or help them, his treatment supported the statement. Having done so he demanded his pay and got it. He was more frank perhaps than some of us; seeing a hopeless case he would say: "*I cannot help you, I do not want your money.*" In directing patients he was precise, and in their observance of the same he was exacting. In meeting engagements he was prompt, and if any one failed to be so with him *once*, he took care to do better next time. He was bold, open, and severe toward his enemies, but towards his friends or any whom he saw suffering he was as sympathizing as a child. In his line of practice he ranked in the *first class*, and as a *German orator* he was hardly excelled in this country. All in all, he was a true man, and by his *life rule* he died, and in accordance with his request it was engraved on his coffin-plate.

Thus the medical fraternity has lost a worthy member, and many a patient has lost his best friend.

### Fluid Extract Ergot.

Extract from letter of W. H. H. COBB, M. D., Goldsboro, N. C., Dec. 11, 1878.

"Your Fluid Extract Ergot, 'Form. 1874,' is all that it is represented. I prefer it to any other preparation of Ergot."



**Fluid Extract of Ergot. "Formula 1874."**

Extract from letter of ELDRIDGE W. CLOSE, M. D., Hamden, Del. Co., N. Y., Nov. 6, '78.

"I have used your Fluid Extract of Ergot with most excellent results, both internally and hypodermically in two cases of hæmoptysis—I have also used in one case of scrofula, your Iodo Bromide of Calcium Comp., with the addition of Biniodide of Mercury, with good results."

**Elixir Iodo and Diphtherine.**

Extract from letter of J. C. RUTHERFORD, M. D., Newport, Vt., Nov. 12th, 1878.

"I have been using your Elixir Iodo ever since it has been on the market, and it has given me great satisfaction. I have performed some very remarkable cures with it, of some of which I am preparing reports for your Journal of Materia Medica. I believe the limit of the number of cases in which it can be used to advantage has not yet been reached. I am in the habit of prescribing it almost daily, and in no instance has it failed to give me satisfaction.

To deprive me of this and your DIPHTHERINE would be a loss indeed. They cannot be praised too highly, and thus we fail to express their worth as remedies."

**Firwein.**

Letter from Detroit, Mich., Oct. 29, 1878.

"I have just come across a most remarkable cure by the Firwein, of a man who had a terrible cough which had baffled the skill of the most eminent Physicians in this city. A friend recommended Firwein to him, of which he has taken four bottles. He considers himself cured and gives the Firwein all the praise. He met his physician one day who remarked how well he looked, and asked him what he was taking. The patient replied Firwein. "What is that?" "Why it is a preparation prepared by Tilden & Co." "Oh yes I recollect it now, but as I did not know its component parts I have never prescribed it." The Dr. directed him to "keep on taking it if it is doing you so much good." I will give you full particulars in my next." P.

**Diphtherine.**

No. 420 So. Adams St, Peoria, Ills., Nov. 29, '78. Gentlemen:

My friend, Dr. J. R. Niglas, Health Officer of our City, called my attention to the use of DIPHTHERINE in Diphtheria. I have treated forty cases within the past

two months, used it locally and internally, and have met with good success in every case.

I generally prescribe it among children from 2 to 5 years, gtt. v. to the dose with Syr. Simple, every 4 hours, locally, 1 to 3: increase the dose internally and strength locally, according to age. I consider it a safe and sure remedy, and highly recommend it.

Yours Truly, H. M. SHEERMAN, M. D.

**Powdered Extract of Malt.**

By our method of desiccation IN VACUO we are enabled to present to the Profession our Pure Extract of Malt in a POWDERED FORM, UNALTERED, so that it can be combined with other articles in powder, or given in the powder alone.

Since its introduction it has become a favorite with many physicians who have used it, particularly with children, alone, and in combination.

With adults, the powdered form is frequently more agreeable and conveniently given; it is useful as a Dietetic article in a great variety of diseases—for the restoration of delicate and exhausted constitutions, debility in aged persons, impaired nutrition, loss of appetite, chronic diarrhoea, in irritable conditions of the stomach, &c.

Mention is made by physicians, in letters to us, of its success in gastric disorders, in indigestion, tendency to flatulency after eating, and a general disarrangement of the functions of digestion and assimilation. An eminent physician found it one of the best remedies in deficiency of urine; he found that when he gave it in teaspoonful doses three or four times a day, the normal amount would be restored in 24 to 36 hours, and he also had found it serviceable in a torpid state of the liver.

**Journal of Materia Medica.**

Extract from letter of O. E. MCCOLLUM, M. D., Mt. Vernon, Tenn., Nov. 8, 1878.

"I value the "Journal" so highly, that I cannot get along without it."

Extract from letter of I. PATTON, M. D., Clyde, Jasper Co., Iowa, Nov. 7, '78.

"I never expect to do without the "Journal." I think more of it than of any other periodical in my list."

**For Constipation.**

The following formula is recommended by C. RICH, M. D., Poughkeepsie, N. Y.

R. Alex. Senna pulv.....	3 i.
Lac Sulphur	}
Carbonate Iron	
Cream Tartar	aa 3 i.

Make a masked flavor with Wintergreen, and divide into gr. x. lozenges.

Dose, one or two as required.





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